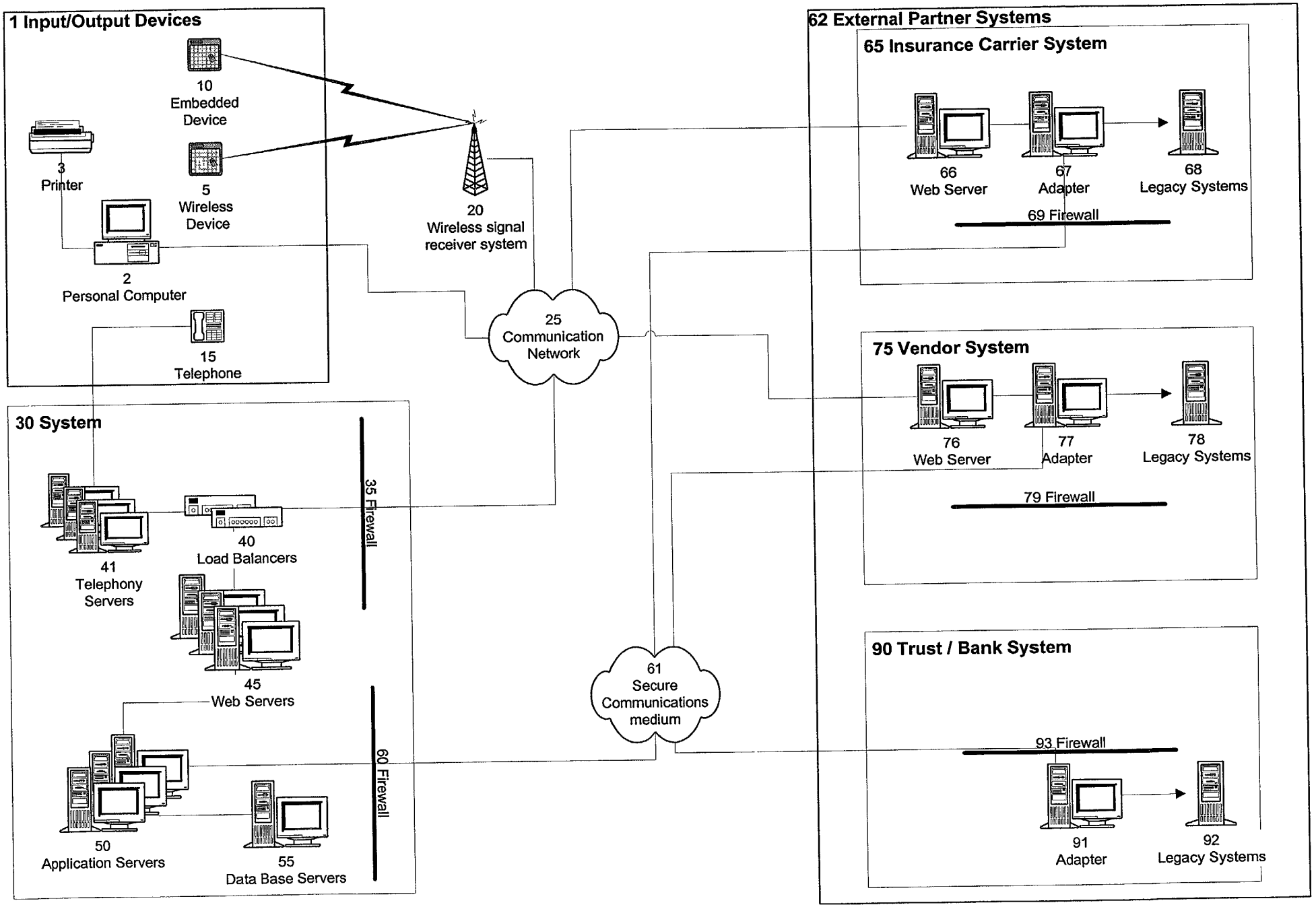

1 Input/Output Devices
10 Embedded Device
3 Printer
5 Wireless Device
2 Personal Computer
15 Telephone
20 Wireless signal receiver system
25 Communication Network
62 External Partner Systems
65 Insurance Carrier System
66 Web Server
67 Adapter
68 Legacy Systems
69 Firewall
75 Vendor System
76 Web Server
77 Adapter
78 Legacy Systems
79 Firewall
90 Trust / Bank System
93 Firewall
91 Adapter
92 Legacy Systems
61 Secure Communications medium
30 System
35 Firewall
41 Telephony Servers
40 Load Balancers
45 Web Servers
60 Firewall
50 Application Servers
55 Data Base Servers

FIG. 1

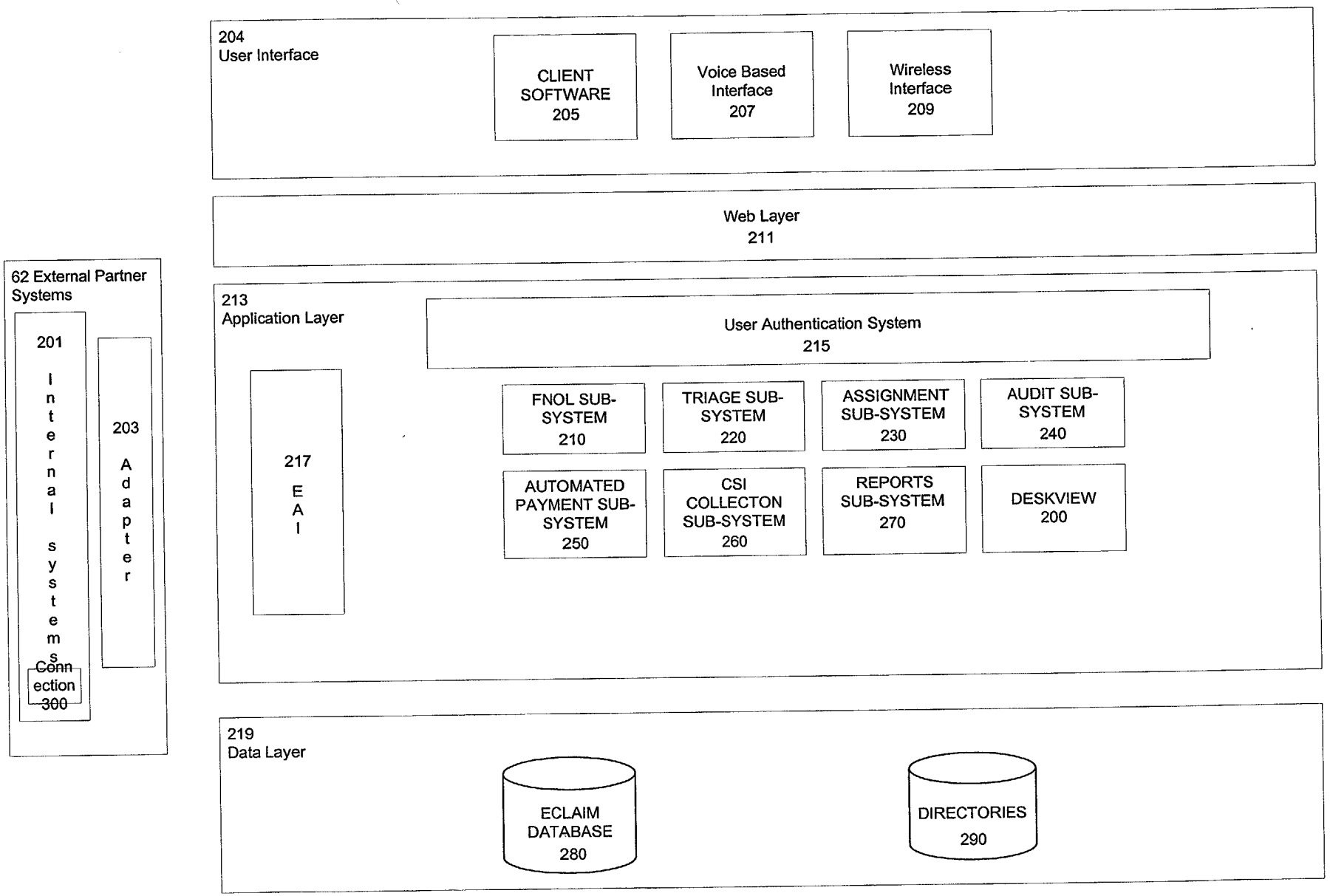

204
User Interface
CLIENT SOFTWARE 205
Voice Based Interface 207
Wireless Interface 209
Web Layer 211
62 External Partner Systems
201 Internal systems Connection 300
203 Adapter
213
Application Layer
User Authentication System 215
217 EAI
FNOL SUB-SYSTEM 210
TRIAGE SUB-SYSTEM 220
ASSIGNMENT SUB-SYSTEM 230
AUDIT SUB-SYSTEM 240
AUTOMATED PAYMENT SUB-SYSTEM 250
CSI COLLECTON SUB-SYSTEM 260
REPORTS SUB-SYSTEM 270
DESKVIEW 200
219
Data Layer
ECLAIM DATABASE 280
DIRECTORIES 290

FIG. 2

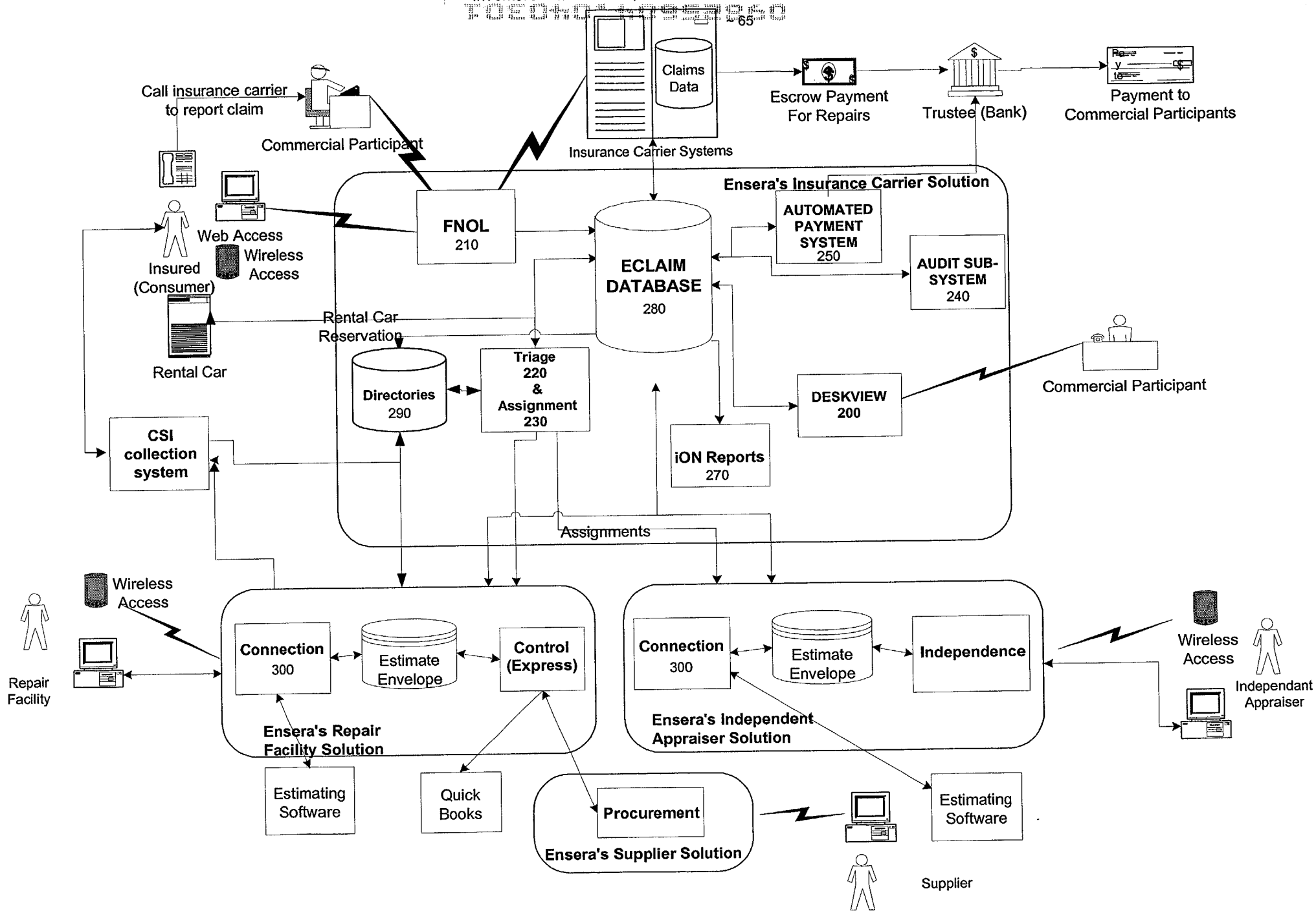

Call insurance carrier to report claim
Commercial Participant
Claims Data
Insurance Carrier Systems
Escrow Payment For Repairs
Trustee (Bank)
Payment to Commercial Participants
Ensera's Insurance Carrier Solution
FNOL 210
ECLAIM DATABASE 280
AUTOMATED PAYMENT SYSTEM 250
AUDIT SUB-SYSTEM 240
Web Access
Wireless Access
Insured (Consumer)
Rental Car
Rental Car Reservation
Directories 290
Triage 220 & Assignment 230
iON Reports 270
DESKVIEW 200
Commercial Participant
CSI collection system
Assignments
Wireless Access
Repair Facility
Connection 300
Estimate Envelope
Control (Express)
Ensera's Repair Facility Solution
Connection 300
Estimate Envelope
Independence
Ensera's Independent Appraiser Solution
Wireless Access
Independant Appraiser
Estimating Software
Quick Books
Procurement
Ensera's Supplier Solution
Estimating Software
Supplier

FIG. 3

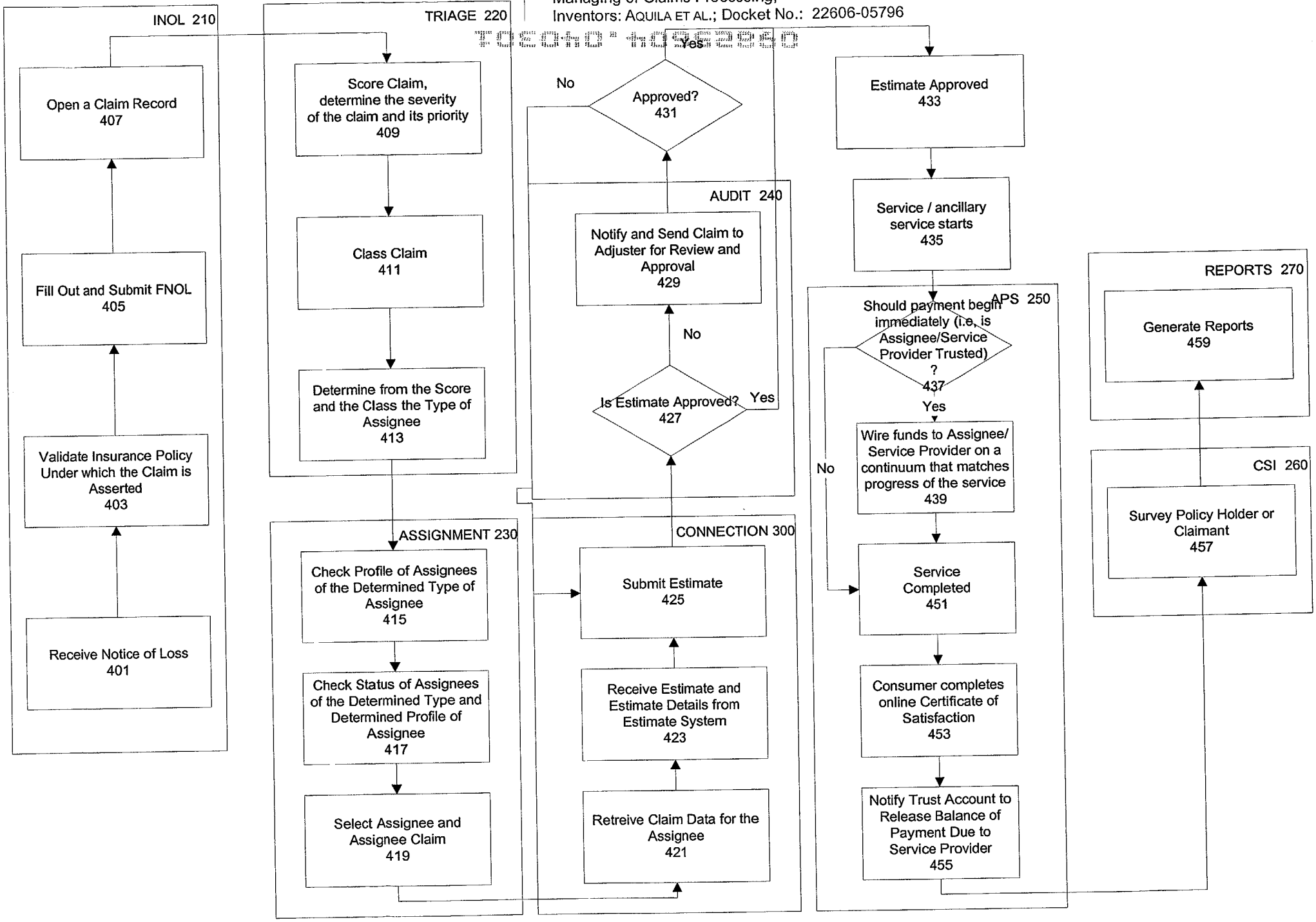

INOL 210
Open a Claim Record
407
Fill Out and Submit FNOL
405
Validate Insurance Policy Under which the Claim is Asserted
403
Receive Notice of Loss
401
TRIAGE 220
Score Claim, determine the severity of the claim and its priority
409
Class Claim
411
Determine from the Score and the Class the Type of Assignee
413
ASSIGNMENT 230
Check Profile of Assignees of the Determined Type of Assignee
415
Check Status of Assignees of the Determined Type and Determined Profile of Assignee
417
Select Assignee and Assignee Claim
419
AUDIT 240
Approved?
431
No
Yes
Notify and Send Claim to Adjuster for Review and Approval
429
Is Estimate Approved?
427
No
Yes
CONNECTION 300
Submit Estimate
425
Receive Estimate and Estimate Details from Estimate System
423
Retreive Claim Data for the Assignee
421
Estimate Approved
433
Service / ancillary service starts
435
APS 250
Should payment begin immediately (i.e, is Assignee/Service Provider Trusted) ?
437
Yes
No
Wire funds to Assignee/ Service Provider on a continuum that matches progress of the service
439
Service Completed
451
Consumer completes online Certificate of Satisfaction
453
Notify Trust Account to Release Balance of Payment Due to Service Provider
455
CSI 260
Survey Policy Holder or Claimant
457
REPORTS 270
Generate Reports
459

FIG. 4

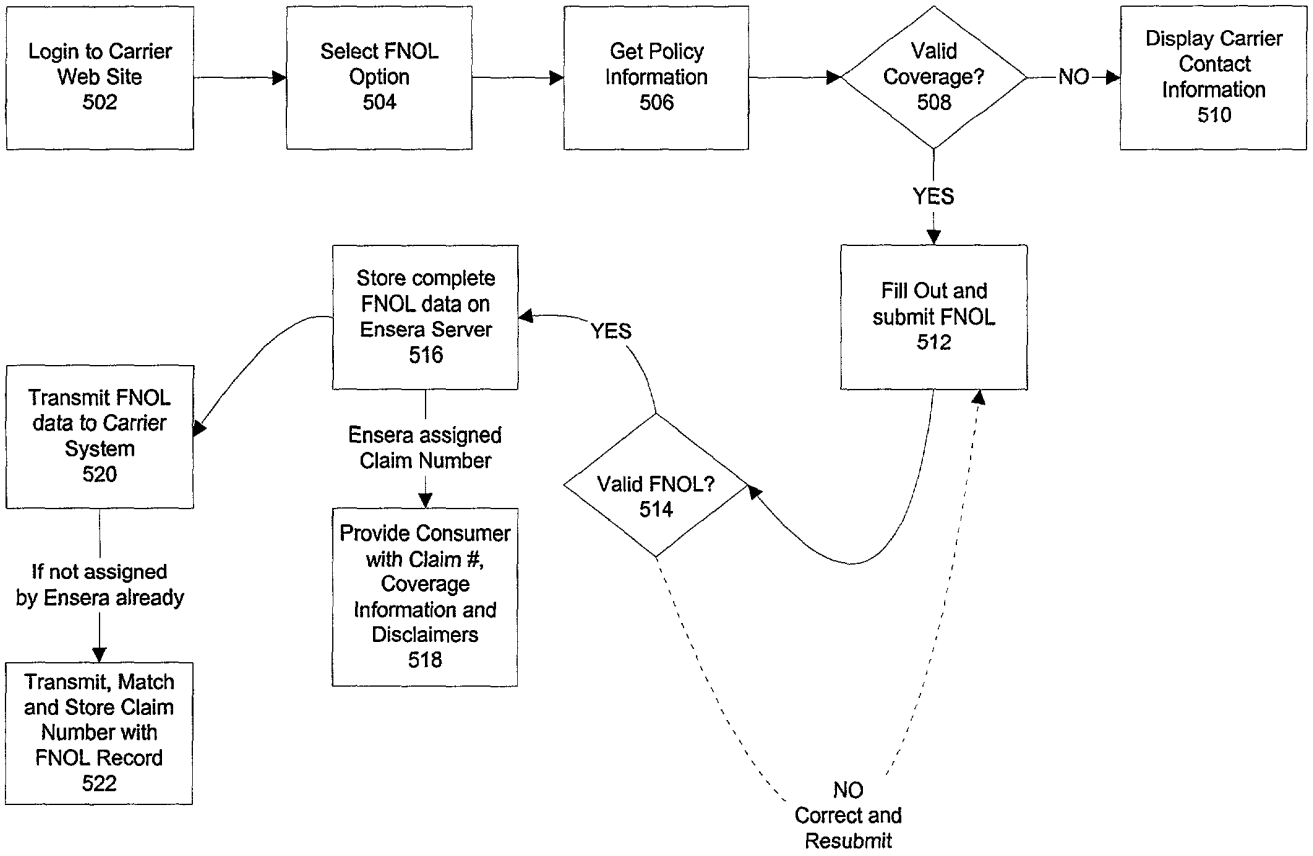

Login to Carrier Web Site 502
Select FNOL Option 504
Get Policy Information 506
Valid Coverage? 508
NO
Display Carrier Contact Information 510
YES
Fill Out and submit FNOL 512
Valid FNOL? 514
YES
Store complete FNOL data on Ensera Server 516
Ensera assigned Claim Number
Provide Consumer with Claim #, Coverage Information and Disclaimers 518
Transmit FNOL data to Carrier System 520
If not assigned by Ensera already
Transmit, Match and Store Claim Number with FNOL Record 522
NO
Correct and Resubmit

FIG. 5A.

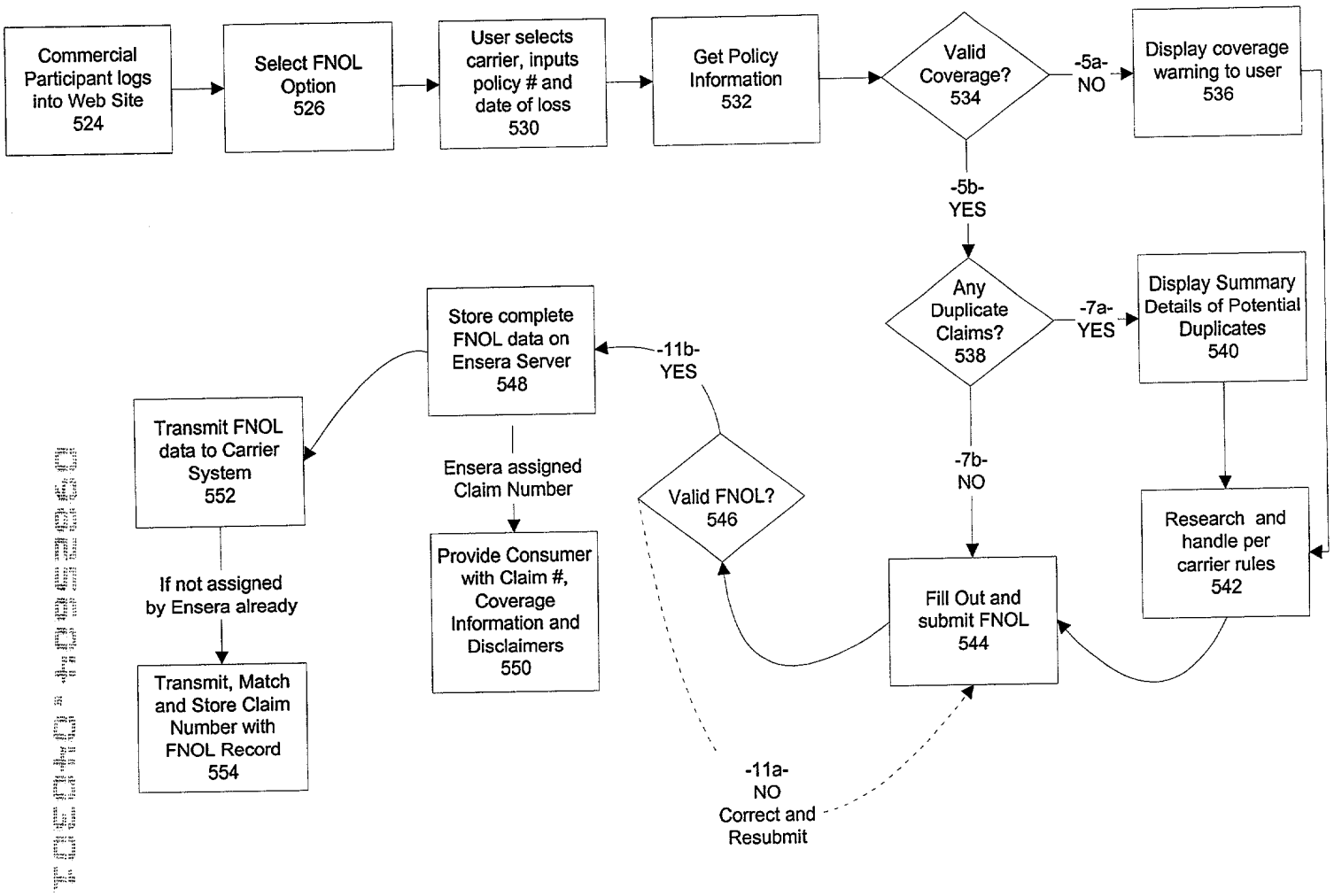

Commercial Participant logs into Web Site 524
Select FNOL Option 526
User selects carrier, inputs policy # and date of loss 530
Get Policy Information 532
Valid Coverage? 534
-5a- NO
Display coverage warning to user 536
-5b- YES
Any Duplicate Claims? 538
-7a- YES
Display Summary Details of Potential Duplicates 540
-7b- NO
Research and handle per carrier rules 542
Fill Out and submit FNOL 544
Valid FNOL? 546
-11a- NO Correct and Resubmit
-11b- YES
Store complete FNOL data on Ensera Server 548
Ensera assigned Claim Number
Provide Consumer with Claim #, Coverage Information and Disclaimers 550
Transmit FNOL data to Carrier System 552
If not assigned by Ensera already
Transmit, Match and Store Claim Number with FNOL Record 554

FIG. 5B.

Fields

<Loss>

<LocationofAccident>
<DamageToVehicle>
<LossDescription>
<NamedInsuredVehicleOperator>
<LastName>
<FirstName>
<MiddleName>
<ReportNumber>
<PoliceReportNumber>
<DateOfLoss>
<TimeOfLoss>
<WereThereWitnesses>
<HaveAttorney>
<WereThereInjuries>
<HowManyVehiclesInvolved>
<WeatherConditions>

<VehicleInformation>

<ModelYear>
<Manufacturer>
<Model>
<Color>
<VehicleIdentificationNumber>
<LossPayee> vehicle

<Repair Facility>

<SelectaRepairFacility>
<RepairFacilityInformation>
<Name>
<Addr>
<City>
<StateProv>
<PostalCode>
<CommunicationNumber>
<RepairFacilityPhone>

<Insured>

<PersonInformation>
<LastName>
<FirstName>
<MiddleName>
<SocialSecurityNumber> Password
<AddressInformation>
<Addr1>
<Addr2>
<City>
<StateProv>
<PostalCode>
<Country>
<Email>

(phone # will be accepted if customer has no e-mail)

<CommunicationNumber>
<ContactPhone>

<Damage to Property of Others>

<WasItAVehicle>
<DamageTo>
<NumberOfPassengers>
<DamageDescription>
<OtherCarrierInformation>
<VehicleInformation>
<ModelYear>
<Manufacturer>
<Model>
<Color>
<VIN>
<LicensePlateNumber>
<Description of Damage>

(Description available for multiple vehicles)

<Injuries>

(Fields below will be available for each injured person)

<Injured>
<RelationToInsured>
<Description &ExtentOfInjury>
<MedicalProvider>
<AmbulanceNeeded>
<PersonInformation>
<LastName>
<FirstName>
<MiddleName>
<AddressInformation>
<Addr1>
<Addr2>
<City>
<StateProv>
<PostalCode>
<Country>
<CommunicationNumber>
<ContactPhone>

(Description available for multiple injuries)

<Witnesses>

<Witness>
<PersonInformation>
<LastName>
<FirstName>
<MiddleName>
<AddressInformation>
<Addr1>
<Addr2>
<City>
<StateProv>
<PostalCode>
<Country>
<CommunicationNumber>
<ContactPhone>

(Description available for multiple witnesses)

<Your Passenger Information>

<Passenger>
<PersonInformation>
<LastName>
<FirstName>
<MiddleName>
<AddressInformation>
<Addr1>
<Addr2>
<City>
<StateProv>
<PostalCode>
<Country>
<CommunicationNumber>
<ContactPhone>

<Attorney>

<AttorneyInformation>
<WhoDoestheAttorneyRepresent>
<Firm Name>
<LastName>
<FirstName>
<MiddleName>
<AddressInformation>
<Addr1>
<Addr2>
<City>
<StateProv>
<PostalCode>
<Country>
<CommunicationNumber>
<ContactPhone>

FIG. 6

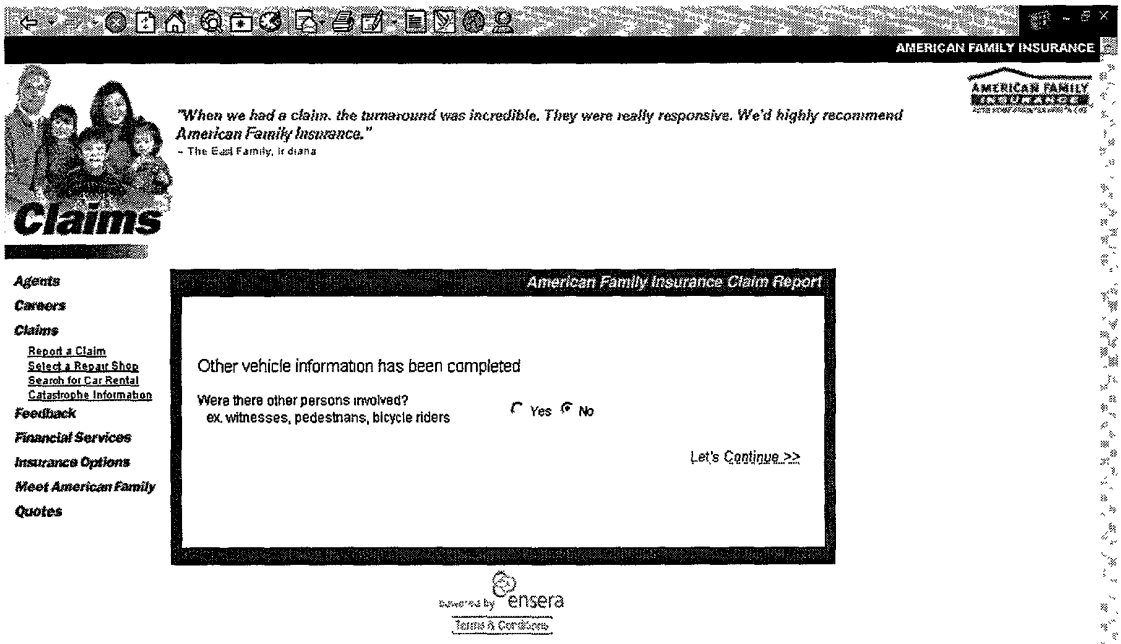

AMERICAN FAMILY INSURANCE
"When we had a claim, the turnaround was incredible. They were really responsive. We'd highly recommend American Family Insurance."
- The East Family, Indiana
Claims
Agents
Careers
Claims
Report a Claim
Select a Repair Shop
Search for Car Rental
Catastrophe Information
Feedback
Financial Services
Insurance Options
Meet American Family
Quotes
American Family Insurance Claim Report
Other vehicle information has been completed
Were there other persons involved?
ex. witnesses, pedestrians, bicycle riders
Yes
No
Let's Continue >>
Powered by ensera
Terms & Conditions
©2000 American Family Insurance
All rights reserved
Legal Notice

FIG. 7A

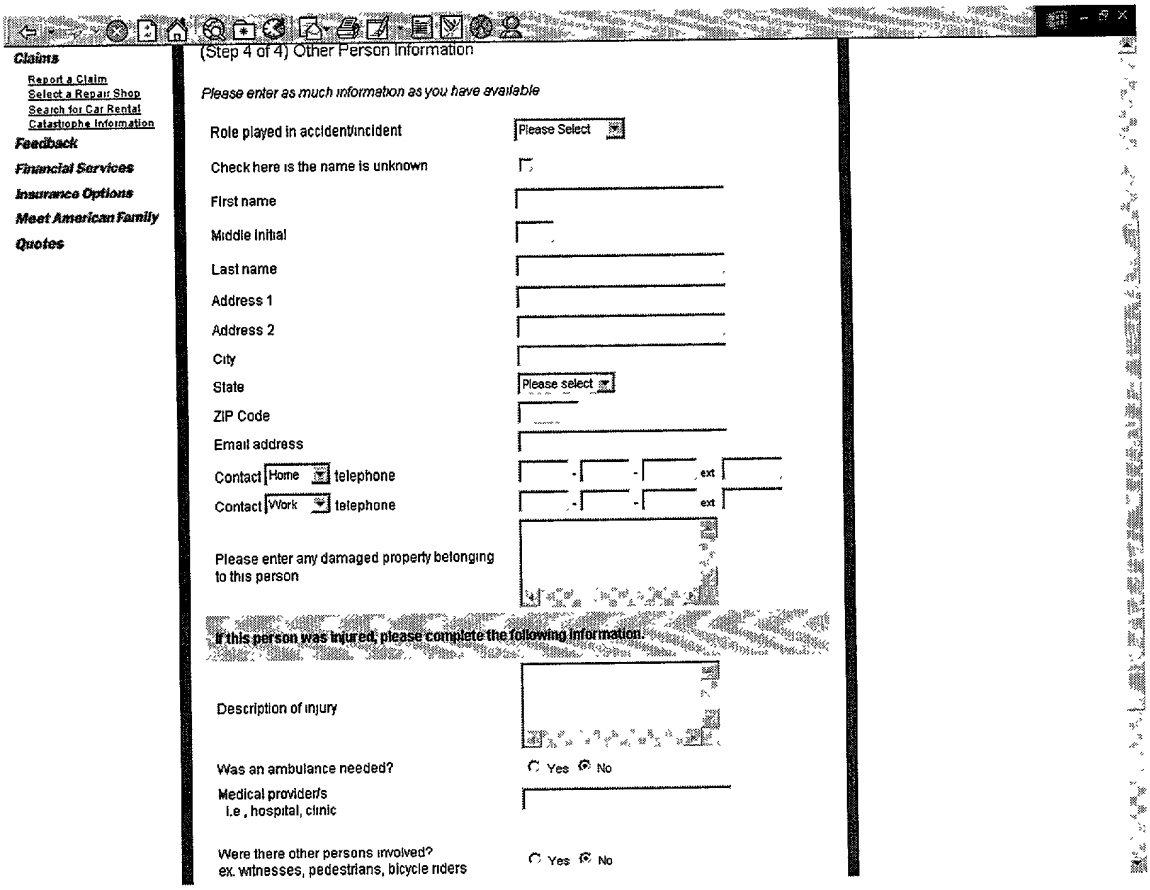

Claims
Report a Claim
Select a Repair Shop
Search for Car Rental
Catastrophe Information
Feedback
Financial Services
Insurance Options
Meet American Family
Quotes
(Step 4 of 4) Other Person Information
Please enter as much information as you have available
Role played in accident/incident
Please Select
Check here is the name is unknown
First name
Middle Initial
Last name
Address 1
Address 2
City
State
Please select
ZIP Code
Email address
Contact Home telephone
Contact Work telephone
ext
Please enter any damaged property belonging to this person
If this person was injured, please complete the following information.
Description of injury
Was an ambulance needed?
Yes
No
Medical providers
i.e , hospital, clinic
Were there other persons involved?
ex. witnesses, pedestrians, bicycle riders
Yes
No

FIG. 7B

Please indicate the damage this vehicle has sustained.

Light: Scratched and/or slightly dented
Medium: Significantly dented, could include slight structural damage
Heavy: Significant structural damage

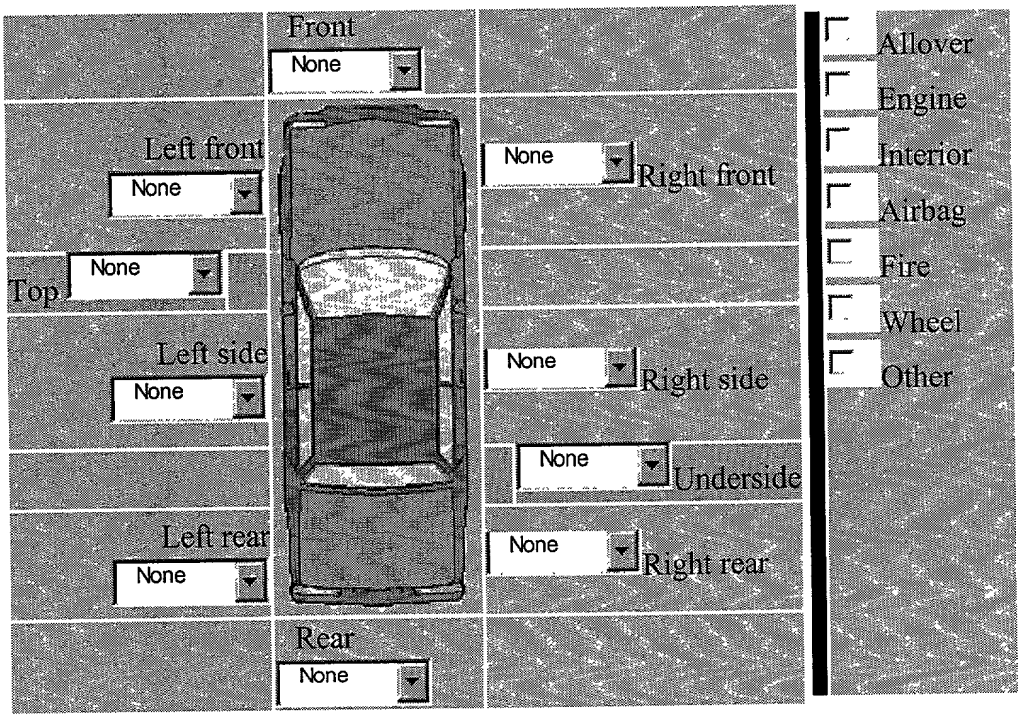


FIG. 8

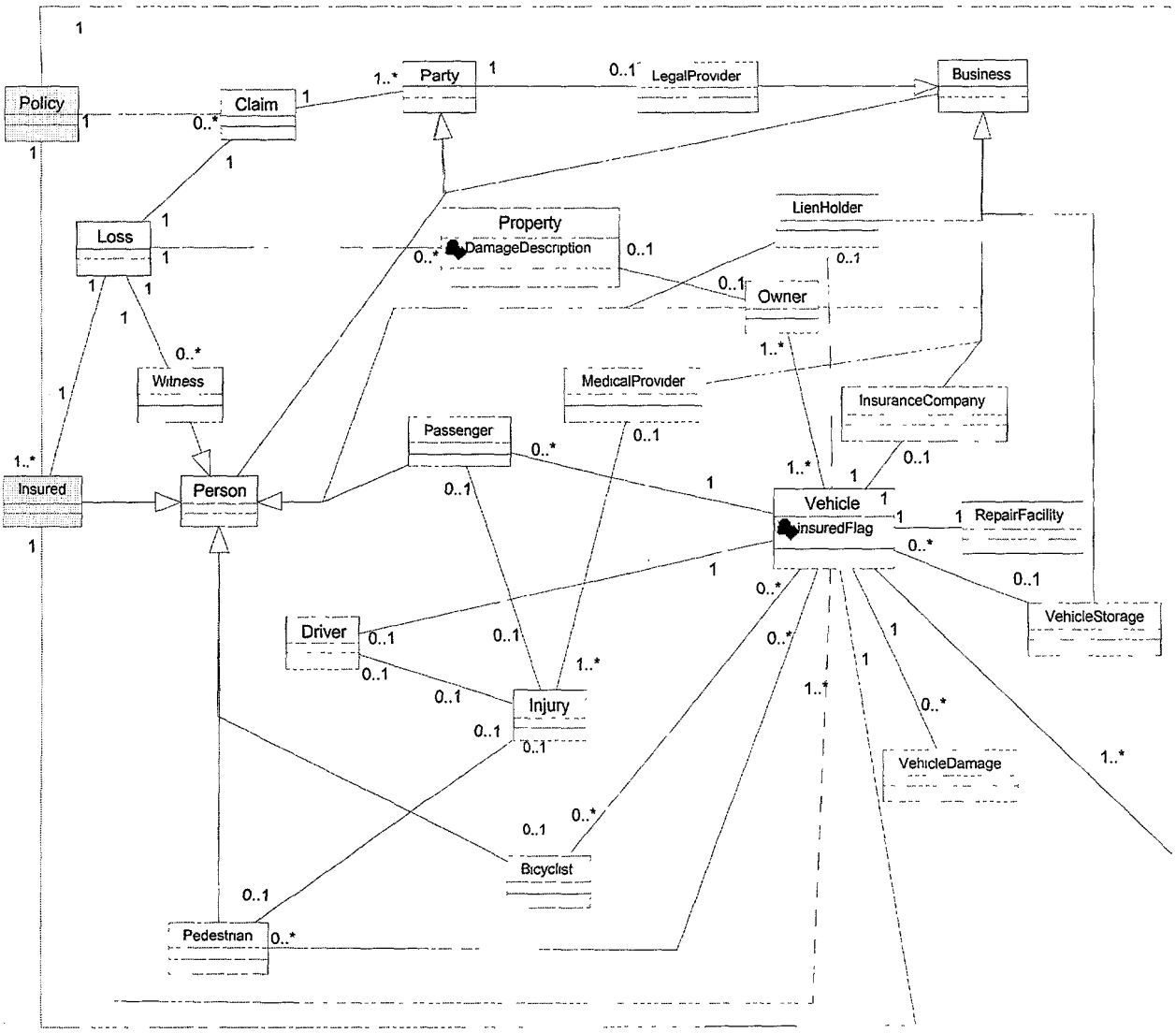

Policy
Claim
Party
LegalProvider
Business
Loss
Property
DamageDescription
LienHolder
Owner
Witness
MedicalProvider
InsuranceCompany
Passenger
Insured
Person
Vehicle
insuredFlag
RepairFacility
VehicleStorage
Driver
Injury
VehicleDamage
Bicyclist
Pedestrian

FIG. 9A

Claim	Loss	Policy	Coverage	Party
Claim Number	Date of Loss	Policy Type	Coverage type	Party type
	Time of Loss	Policy Name	Coverage amount	
	Weather Condition	Coverage begin date	Coverage deductible	
	Loss Type	Coverage end date		
	Loss Location	Policy period #		
	Loss Description			
	# Vehicles Involved			
	Anyone Injured?			
	Any law enforcement?			
	Law enforcement name			
	Report #			
	Any witnesses?			
	Any pedestrians?			

Individual	Business	Vehicle	Property
First Name	Business Name	Year	Owner Name
Middle Name	Tax ID Number	Make	Property Description
Last Name	Contact Name	Model	Address
Date of Birth	Contact Info	VIN	Phone
Social Security #	Reference Type	Color	email
Gender	Reference Number	Mileage	
Marital Status	Address	Lienholder	
DL State	Phone	Any/Other Insurance	
DL #	email	License plate State	
Address		License plate number	
Phone		Driver	
email		Passenger	
Injured?		Owner	
Deceased?			

Address	Phone	email	Injury	Vehicle Damage	Property Damage
Type	Type	email address	Type of Medical	Drivable?	Livable?
Street 1	Number		Amount of Medical	Damage location	Description
Street 2			Injury description	Damage severity	Contractor chosen?
City			Medications	RF Chosen?	Contractor Information
State			Body Part	RF Information	Estimate provided?
Zip			Type of Injury	Estimate provided?	Estimate amount
County				Estimate amount	
Country					

FIG. 9B

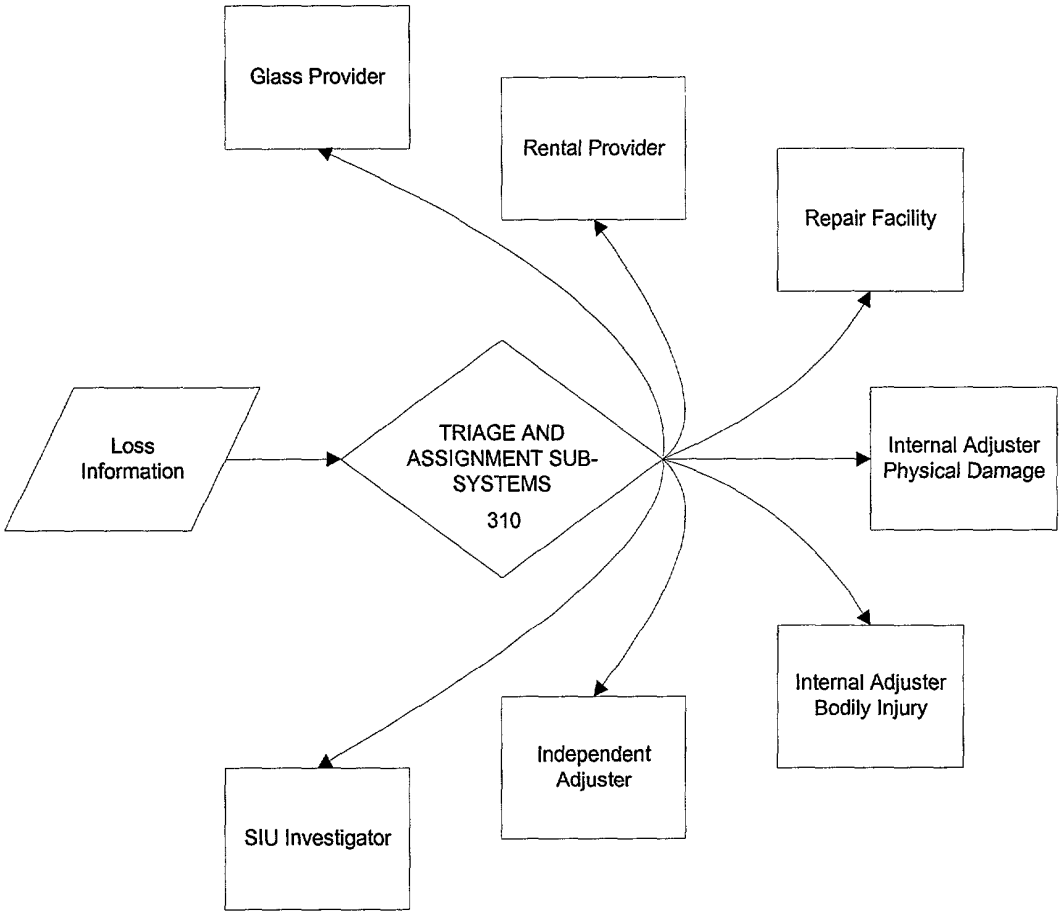

Glass Provider
Rental Provider
Repair Facility
Loss Information
TRIAGE AND ASSIGNMENT SUB-SYSTEMS
310
Internal Adjuster Physical Damage
Internal Adjuster Bodily Injury
Independent Adjuster
SIU Investigator

FIG. 10

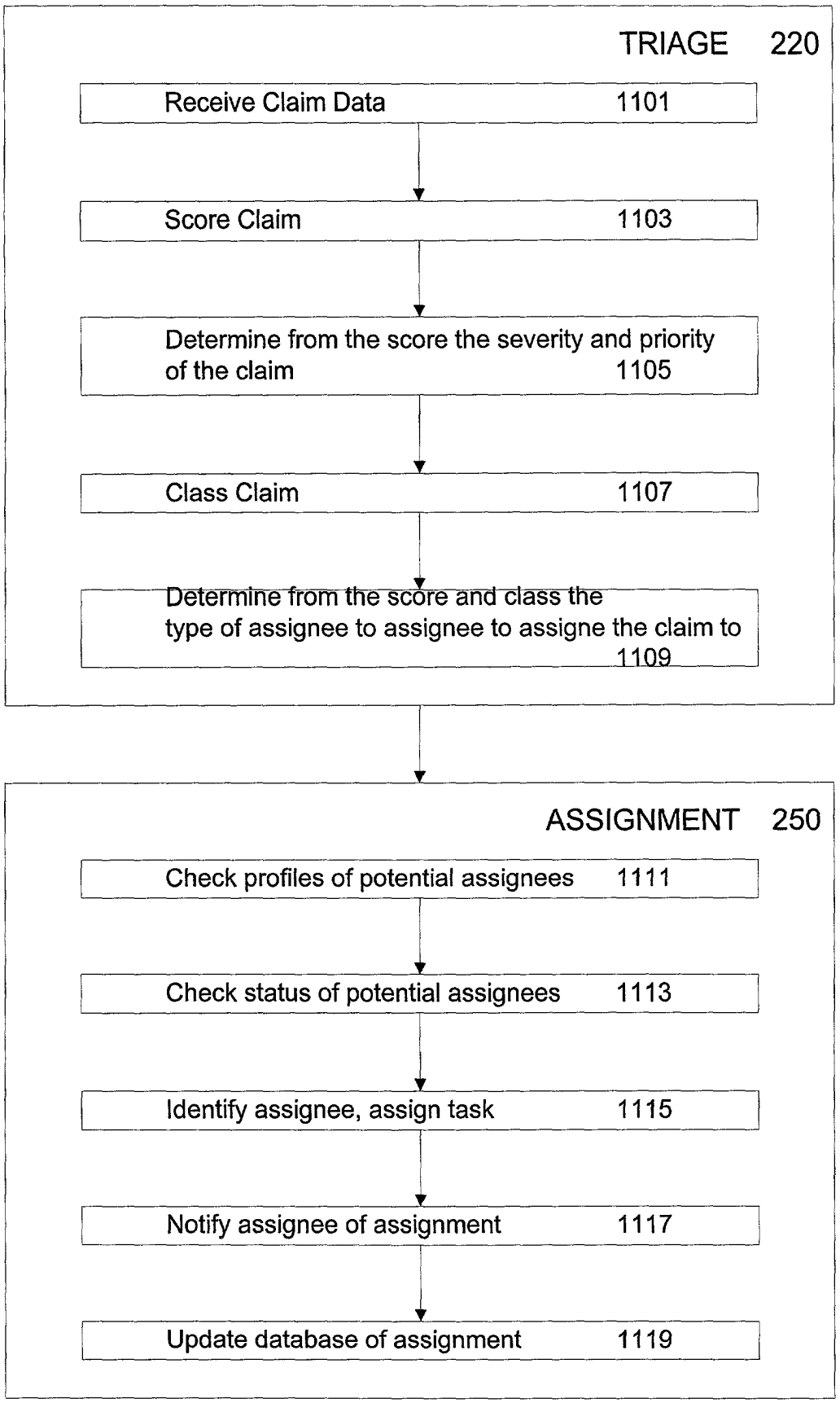

TRIAGE 220
Receive Claim Data 1101
Score Claim 1103
Determine from the score the severity and priority of the claim 1105
Class Claim 1107
Determine from the score and class the type of assignee to assignee to assigne the claim to 1109
ASSIGNMENT 250
Check profiles of potential assignees 1111
Check status of potential assignees 1113
Identify assignee, assign task 1115
Notify assignee of assignment 1117
Update database of assignment 1119

FIG. 11

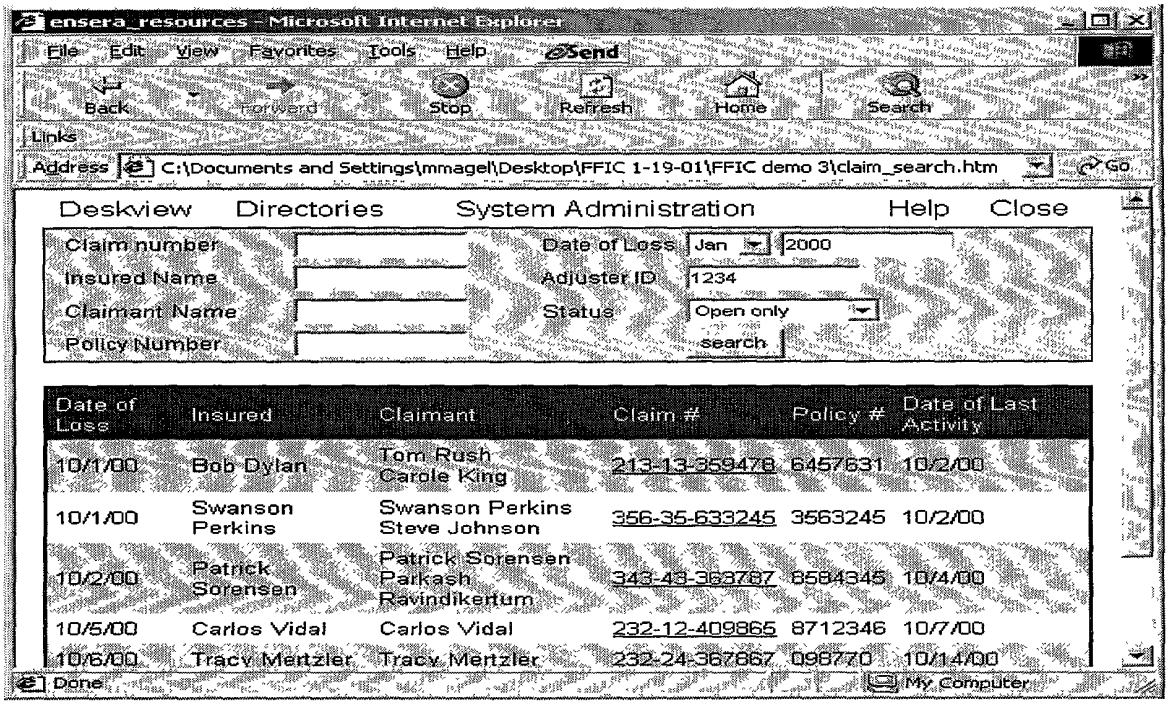


FIG. 12A

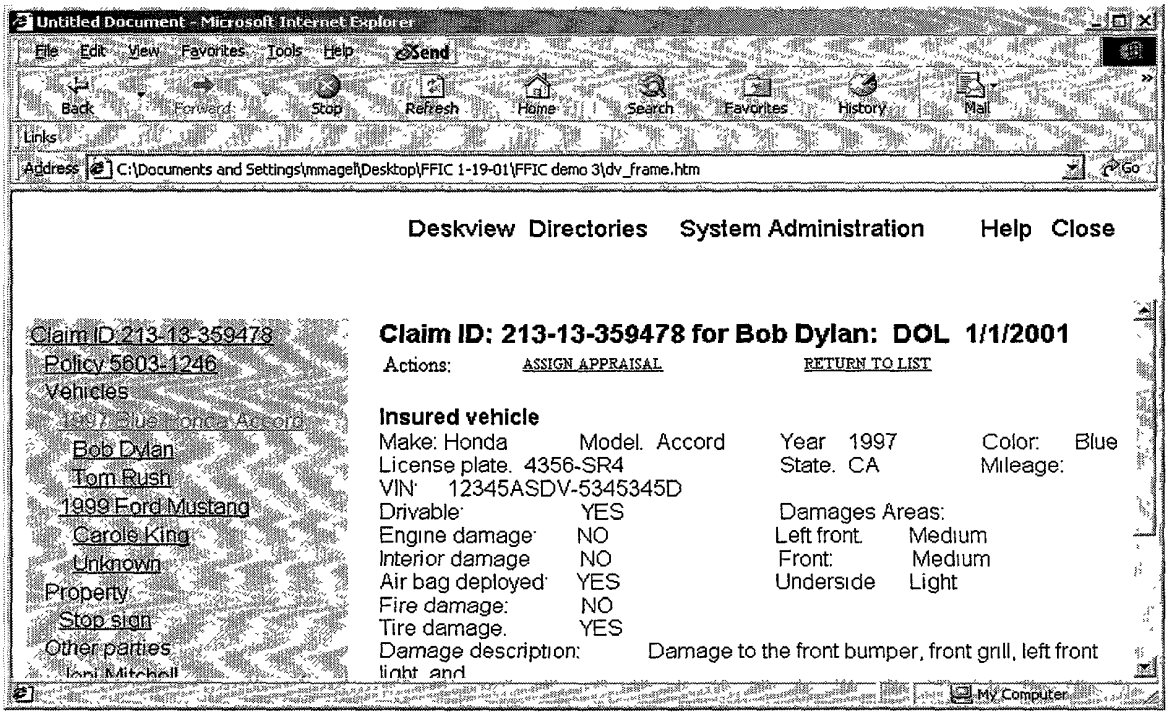


FIG. 12B

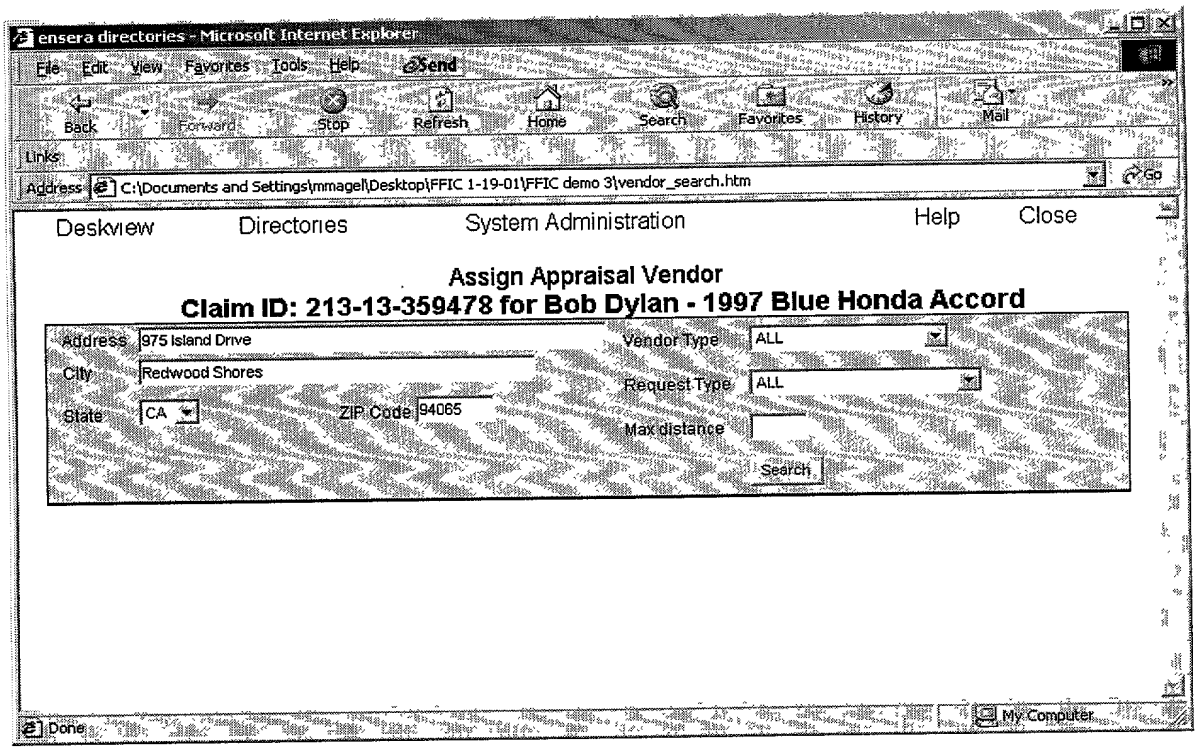


FIG. 12C

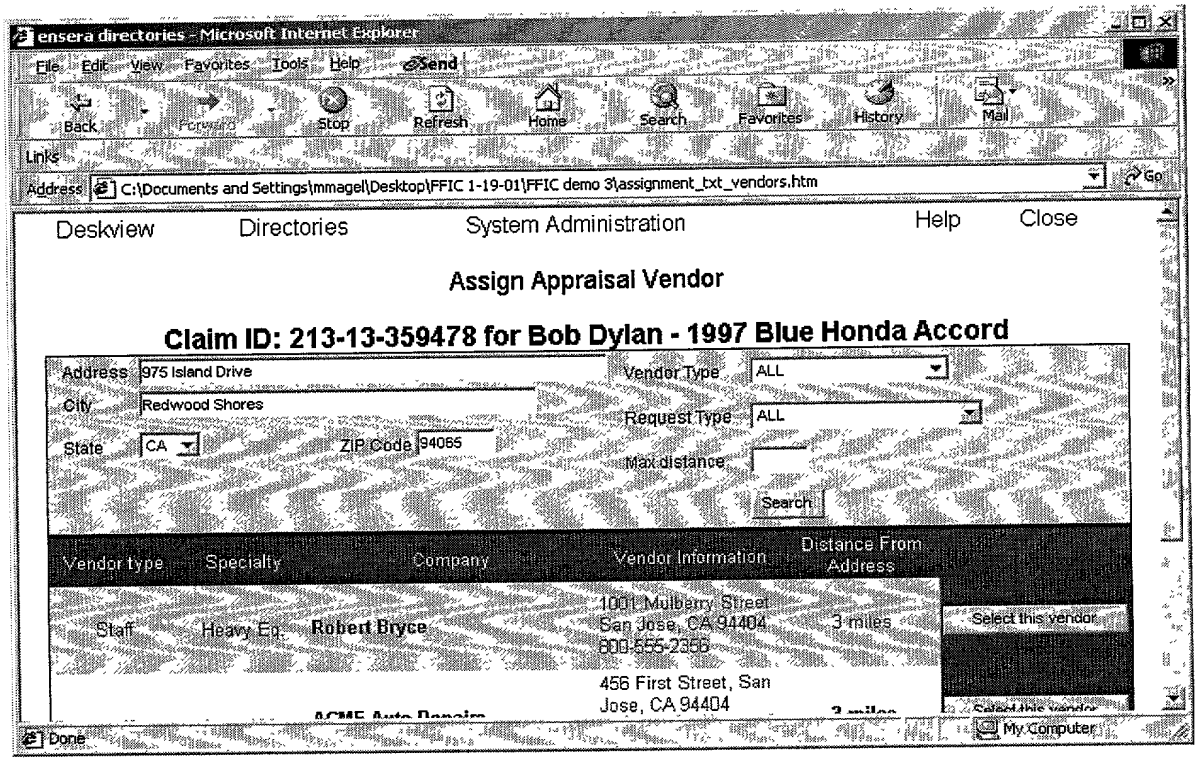


FIG. 12D

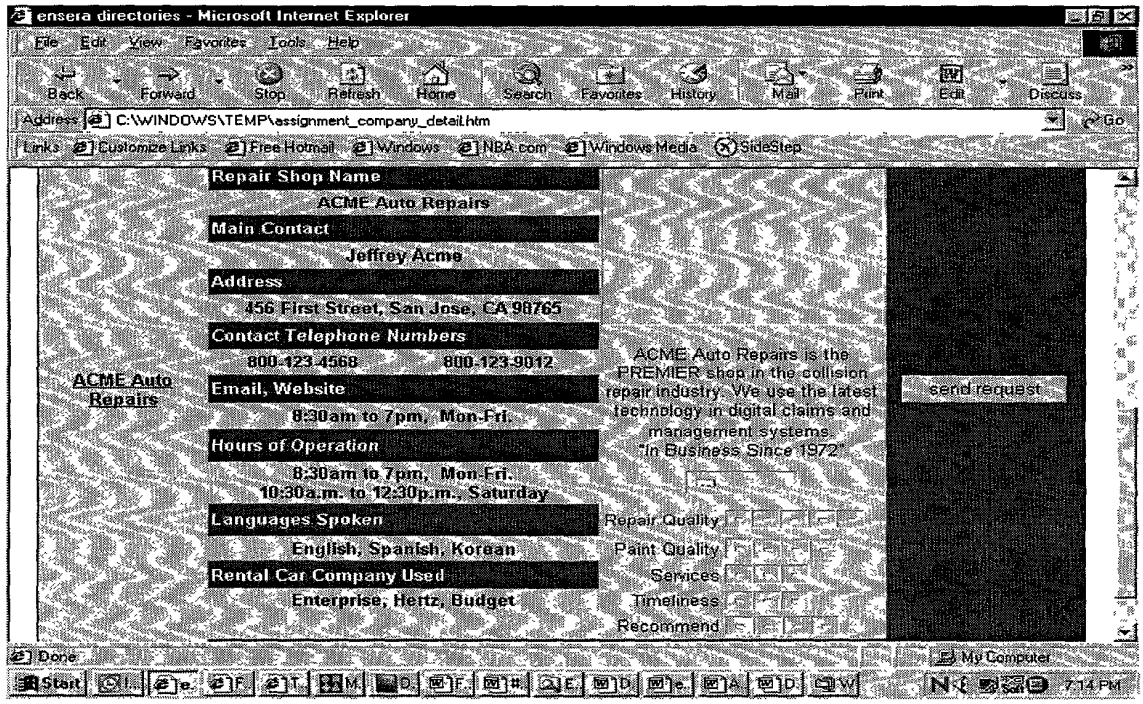


FIG. 12E

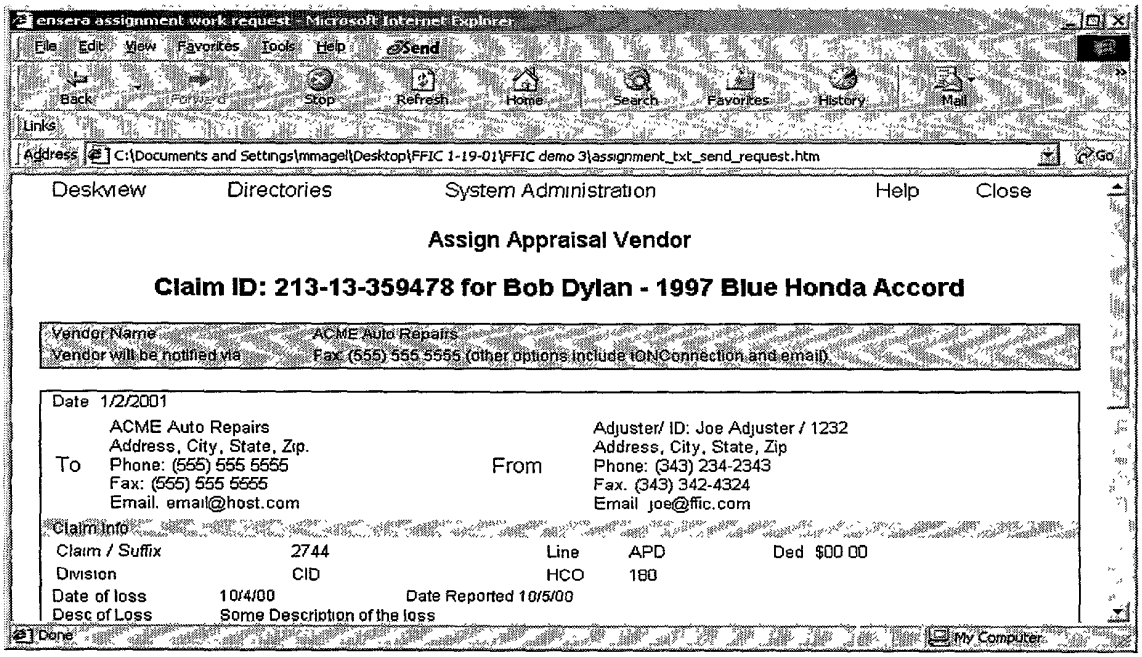


FIG. 12F

Field NAMES	Format	DATA LEVEL	Description
Claim number	###-##-###### ALPHA NUM	CLAIM	Aco-yr-claim#
Insured name	ONE FIELD- 30 BYTES	CLAIMS SUFFIX	
HCO	### = 3 DIGITS	CLAIM	ID FOR HANDLING CLAIM OFFICE
Status	X = ONE LETTER	SUFFIX	o=open, c=closed; p=pending, r=reopened
Rep / CA	XXX = ALPHA NUMERIC	SUFFIX	representative or claims assist assigned to suffix - REASSIGNED
SUP		SUFFIX	ID ADJUSTER OR SIU ON REASSIGNED CLAIM
RECEIVE DATE	Cc/YY/MM/DD	CLAIM	8 DIGIT DATE =REPORT DATE
DATE OF LOSS	Cc/YY/MM/DD	CLAIM	8 DIGIT DATE =DOL
DATE OF MAKE UP	Cc/YY/MM/DD	SUFFIX	8 DIGIT =FIRST RESERVE
ACCIDENT LOCATION -CITY	ONE FIELD	CLAIM	AT LEAST 20 BYTES
STATE	TWO DIGIT ALPHA	CLAIM	2 BYTES
SUFFIX – SX	XXX =3 DIGIT NUMERIC	SUFFIX	ID'S CLAIM SEGMENT/COVERAGE
LINE ABBREVIATION	5 BYTES	SUFFIX	COL=COLLISION; APD=THIRD PARTY; AOC=COMPREHENSIVE/RENTAL
CLAIMENT / OBLIGEE	ONE FIELD – 30 BYTES	SUFFIX	
ADDRESS -CLMNT	ONE FIELD – 30 BYTES	SUFFIX	
CITY – CLMNT	ONE FIELD – 30 BYTES	SUFFIX	
STATE-CLMNT	TWO DIGIT	SUFFIX	STATE CLAIMENT RESIDES
ZIP CODE	#####-#### 9 BYTES	SUFFIX	STD PLUS 4 FORMAT
AC – AREA CODE -CLMNT	### = 3 DIGITS	SUFFIX	STANDARD
PHONE NUMBER-CLMNT	###-####	SUFFIX	STANDARD
ATTORNEY	ONE FIELD – 25 BYTES	SUFFIX	
DEDUCTIBLE AMOUNT	ONE FIELD – 7 BYTES	SUFFIX	
AC – AREA CODE -ATTRNY	### = 3 DIGITS	SUFFIX	STANDARD
PHONE NUMBER-ATTRNY	###-####	SUFFIX	STANDARD
PLAINTIFFS FIRM/BUSINESS	ONE FIELD – 25 BYTES	SUFFIX	STANDARD
DESCRIPTION OF LOSS	2 SECTIONS – 45 BYTES	CLAIM	ALPHA NUMERIC
POLICY NUMBER	XXX-XXXXXXXX 11 BYTES ALPHA NUMERIC	CLAIM	3 CHAR PREFIX,8 DIGIT POL. #
EFFECTIVE DATE	Cc/YY/MM/DD	CLAIM	8 char
EXPIRATION DATE	Cc/YY/MM/DD	CLAIM	8char
VEHICLE MAKE	10 BYTES ALPHA NUMERIC	CLAIM	
VEHICLE MODEL	10 BYTES ALPHA NUMERIC	CLAIM	
AUTO NUMBER	XX=TWO DIGITS	CLAIM	NUMBER OF INSURED VEHICEL AS SHOWN ON POLICY
AUTO YEAR	XX=TWO DIGITS	CLAIM	YEAR INSURED VEHICLE WAS INVOLVED IN A LOSS
VEHICLE MODEL YEAR		CLAIM	
INSIDE APPRAISER	XXX= 3 CHARACTER	CLAIM	ID'S INHOUSE FFIC APPRAISER
VEHICLE ID NUMBER –VIN	17 CHARACTERS ALPHA NUMERIC	CLAIM	MFG UNIQUELY ID'S VEHICLE
OUTSIDE APPRAISER	20 BYTES	SUFFIX	NAME OF OUTSIDE APPRAISAL FIRM
DATE SUFFIX CLOSED	Cc/YY/MM/DD	SUFFIX	SPLIT INTO THREE FIELD AT FFIC
DATE SUFFIX REOPENED	Cc/YY/MM/DD	SUFFIX	SPLIT INTO THREE FIELD AT FFIC
DEDCUTIBLE INDICATOR	X= ONE CHARACTER	CLAIM	ID;'S WHETHER DED APPLIES TO CLAIM
DATE CLAIM CLOSED	Cc/YY/MM/DD	CLAIM	CLOSED AT CLAIM LEVEL
IRS NUMBER	10 DIGITS ###-##-#### (#)	suffix	SOCIAL SECURITY OR TAX ID # FOR PERSON RECEIVING PAYMENT
Invoice Number	10 digits	suffix	Internal number if intending to pay claim

FIG. 13

Header
Transaction ID: *(a unique identifier of this transaction. Use ACTIVITY_ID from ACTIVITY_LOG)*
(Title of document): *Appraisal Assignment Transmittal*
(Date of document): *01/01/2001*
Assignment type: *2 (this is a code value – ASSIGNMENT_TYPE_CV)*
Assignment type description: *CLASS shop appraisal (translation of type above)*

Assignment (to)
Assignee ID: *(the directory id for this service provider - SERVICE_PROVIDER_ID)*
ION Connection ID: *(the unique ID used for iON Connection - ION_CONNECTION_NUMBER)*
Assignee name: *ACME Auto Repair*
Address: *350 Wooster Ave*
City: *San Jose*
State: *CA*
ZIP: *95116*
Phone: *800-555-1111*
Fax: *408-965-7224*
E-mail: *acmeauto@mymail.com*

Adjuster (from)
Adjuster name (first last): *David Crosby*
Address: *777 San Marin Drive*
City: *Novato*
State: *CA*
ZIP: *94998*
Phone: *650-333-3434*
Fax: *415.899.4321*
E-mail: *dcrosby@carrier.com*
Adjuster ID: *213 F 823*

Request
(This is a short paragraph description the type of request and the how it should be handled. This paragraph along with the instruction – see below – will come from a new table which will be accessed by carrier id & assignment type)
This assignment is not a confirmation of coverage or acceptance of liability. Payment responsibility remains with the vehicle owner unless otherwise confirmed . . .

Additional comment
(This is an area for notes specific to this assignment not covered in other fields. This is optional -- OTHER_COMMENT from ASSIGNMENT.)

Instructions
(This is a list of completion instructions. This will list several steps that need to be done to complete this assignment. See notes in Request above. Probably 5 steps. Carry as 10 different fields – each with length of 50)

1. *Provide vehicle owner with copy . . .*
2. *Fax the completed Fax transmittal / status sheet, estimate . . .*
3. *Fax a copy of the estimate only to . . .*
4. *Unless we receive a Direction of Pay authorization . . .*
5. *Mail the original estimate and photos to the claims office . . .*

CCC ID: *(a code that identifies FFIC to CCC for a total loss valuation. The id is different for each state. This may not be necessary.*

Claim information
Claim / Suffix #: *213-13-359478 001*
HCO: *640*
Date of loss: *01/01/2001*
Date reported: *01/01/2001*
Policy number: *1111111*
Deductible amount: *$250*
Description of loss: *While driving down route 4, the car in front of me stopped short in the middle of the street. My car struck the rear of his car causing damage to my front end, including the hood and only minor damage to his rear bumper*
Insured name (first last): *Bob Dylan*

Vehicle owner information
Vehicle owner (first last): *Bob Dylan*
Address: *975 Island Drive*
City: *Redwood Shores*
State: *CA*
ZIP: *94065*
Phone 1: *work: 650.472.2600*
Phone 2: *home: 650.472.9876*

Vehicle information
Location: *at Zappa's Autobody & Repair*
Location Address:
Location City: *Santa Angeles*
State: *CA*
ZIP:
Location phone:
Year: *1997*
Make: *Honda*
Model: *Accord*
License: *4356-SR4*
Color: *Blue*
VIN: *12345ASDV-5345345D*
Description of damage: *Damage to the front bumper, front grill, left front light, and to the hood.*
Prior damage: *None reported*
Drivable: *Yes*

FIG. 14

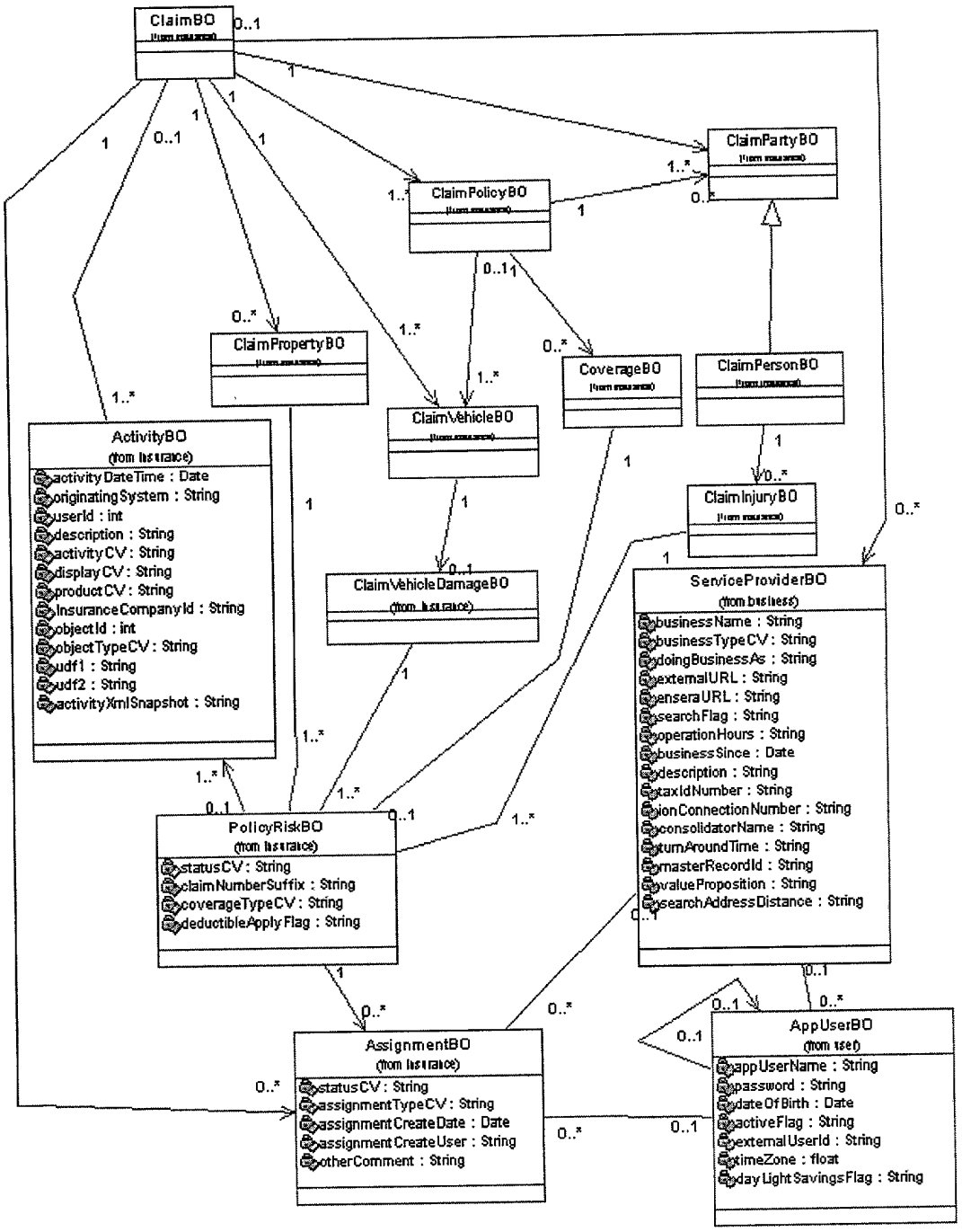

ClaimBO
ClaimPartyBO
ClaimPolicyBO
ClaimPropertyBO
CoverageBO
ClaimPersonBO
ClaimVehicleBO
ClaimInjuryBO
ClaimVehicleDamageBO
ActivityBO
(from Insurance)
activityDateTime : Date
originatingSystem : String
userId : int
description : String
activityCV : String
displayCV : String
productCV : String
InsuranceCompanyId : String
objectId : int
objectTypeCV : String
udf1 : String
udf2 : String
activityXmlSnapshot : String
ServiceProviderBO
(from business)
businessName : String
businessTypeCV : String
doingBusinessAs : String
externalURL : String
senseraURL : String
searchFlag : String
operationHours : String
businessSince : Date
description : String
taxIdNumber : String
ionConnectionNumber : String
consolidatorName : String
turnAroundTime : String
masterRecordId : String
valueProposition : String
searchAddressDistance : String
PolicyRiskBO
(from Insurance)
statusCV : String
claimNumberSuffix : String
coverageTypeCV : String
deductibleApplyFlag : String
AssignmentBO
(from Insurance)
statusCV : String
assignmentTypeCV : String
assignmentCreateDate : Date
assignmentCreateUser : String
otherComment : String
AppUserBO
(from user)
appUserName : String
password : String
dateOfBirth : Date
activeFlag : String
externalUserId : String
timeZone : float
dayLightSavingsFlag : String

FIG. 15

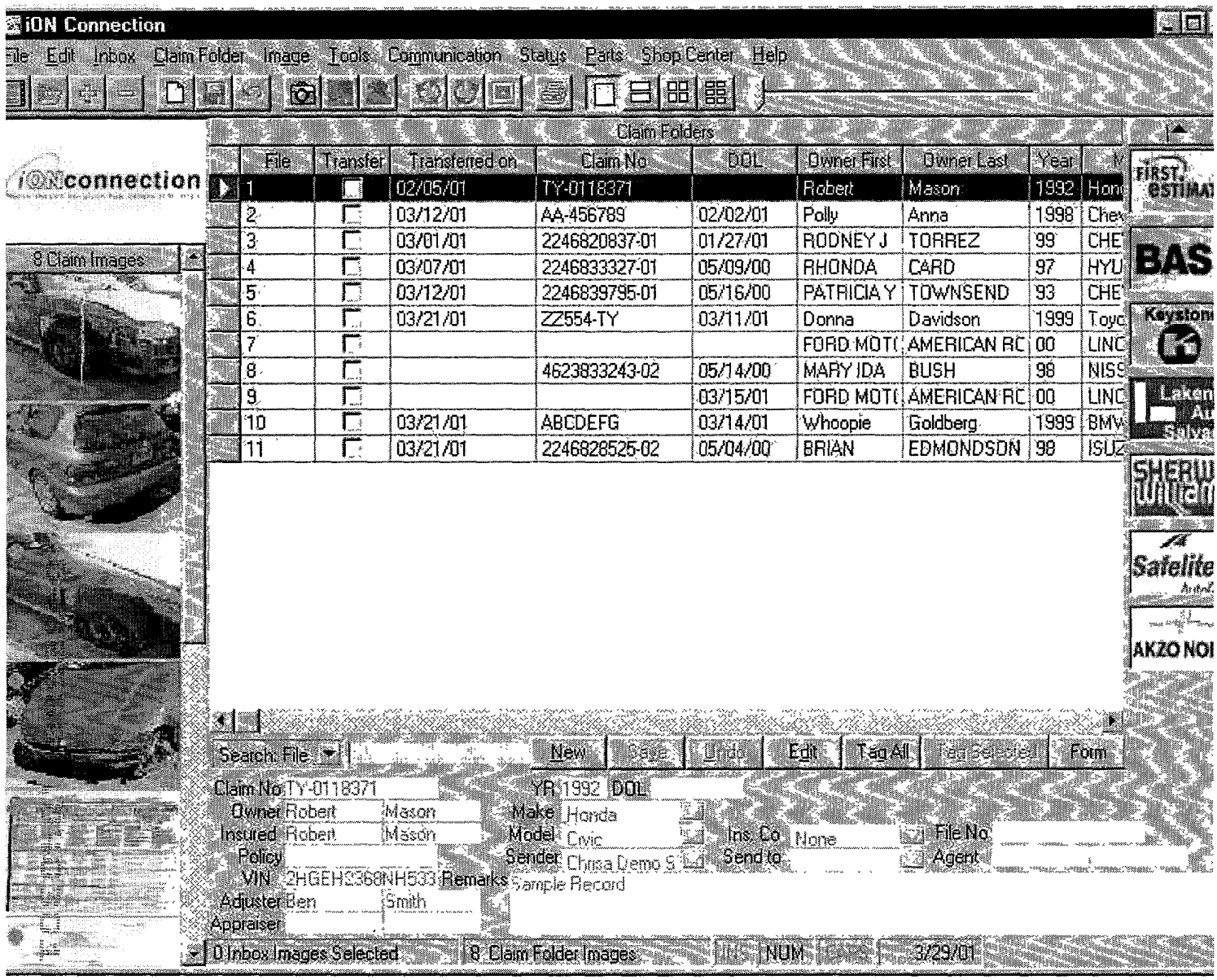

iON Connection
File Edit Inbox Claim Folder Image Tools Communication Status Parts Shop Center Help
Claim Folders
File Transfer Transferred on Claim No DOL Owner First Owner Last Year
1 02/05/01 TY-0118371 Robert Mason 1992
2 03/12/01 AA-456789 02/02/01 Polly Anna 1998
3 03/01/01 2246820837-01 01/27/01 RODNEY J TORREZ 99
4 03/07/01 2246833327-01 05/09/00 RHONDA CARD 97
5 03/12/01 2246839795-01 05/16/00 PATRICIA Y TOWNSEND 93
6 03/21/01 ZZ554-TY 03/11/01 Donna Davidson 1999
7 FORD MOTO AMERICAN RC 00
8 4623833243-02 05/14/00 MARY IDA BUSH 98
9 03/15/01 FORD MOTO AMERICAN RC 00
10 03/21/01 ABCDEFG 03/14/01 Whoopie Goldberg 1999
11 03/21/01 2246828525-02 05/04/00 BRIAN EDMONDSON 98
8 Claim Images
Search File
New Save Undo Edit Tag All Tag Selected Form
Claim No TY-0118371
YR 1992 DOL
Owner Robert Mason
Make Honda
Insured Robert Mason
Model Civic
Ins Co None
File No
Policy
Sender China Demo S
Send to
Agent
VIN 2HGEH3368NH533
Remarks Sample Record
Adjuster Ben Smith
Appraiser
0 Inbox Images Selected
8 Claim Folder Images
NUM
3/29/01

FIG. 16

iON Connection
File Edit Inbox Claim Folder Image Tools Communication Status Parts Shop Center Help
iONconnection
8 Claim Images
Claim No TY-0118371
Owner Robert Mason
Insured Robert Mason
Policy
VIN 2HGEH2368NH533
Adjuster Ben Smith
Appraiser
YR 1992 DOL
Make Honda
Model Civic
Sender Chrisa Demo S
Remarks Sample Record
Ins. Co None
Send to
File No
Agent
0 Inbox Images Selected
8 Claim Folder Images
NUM
3/29/01

FIG. 17

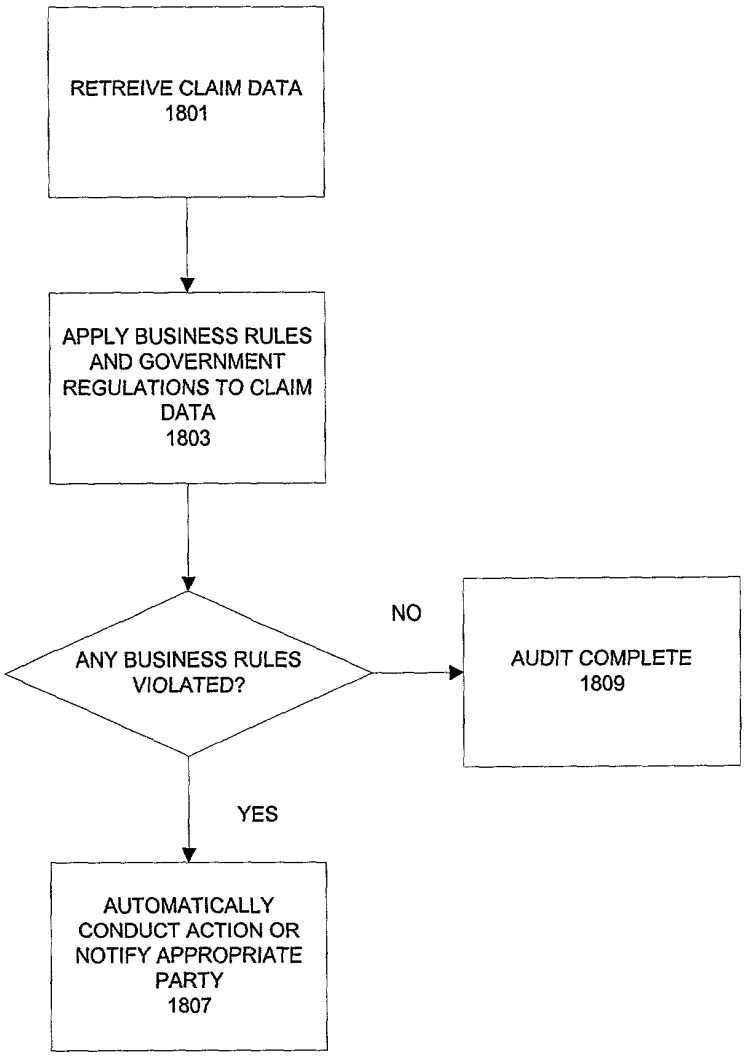

RETREIVE CLAIM DATA
1801
APPLY BUSINESS RULES AND GOVERNMENT REGULATIONS TO CLAIM DATA
1803
ANY BUSINESS RULES VIOLATED?
NO
AUDIT COMPLETE
1809
YES
AUTOMATICALLY CONDUCT ACTION OR NOTIFY APPROPRIATE PARTY
1807

FIG. 18

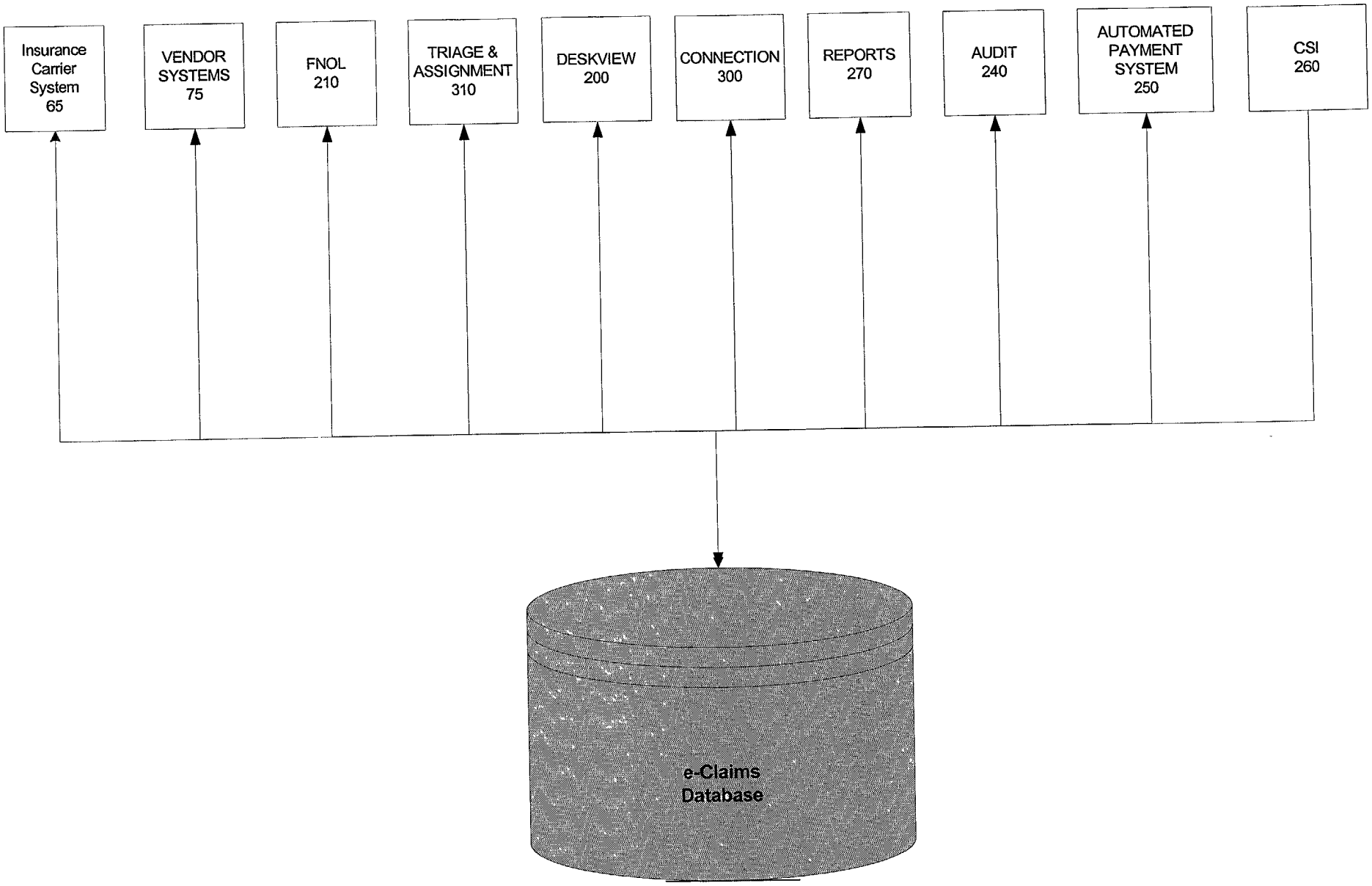

Insurance Carrier System 65
VENDOR SYSTEMS 75
FNOL 210
TRIAGE & ASSIGNMENT 310
DESKVIEW 200
CONNECTION 300
REPORTS 270
AUDIT 240
AUTOMATED PAYMENT SYSTEM 250
CSI 260
e-Claims Database

FIG. 19

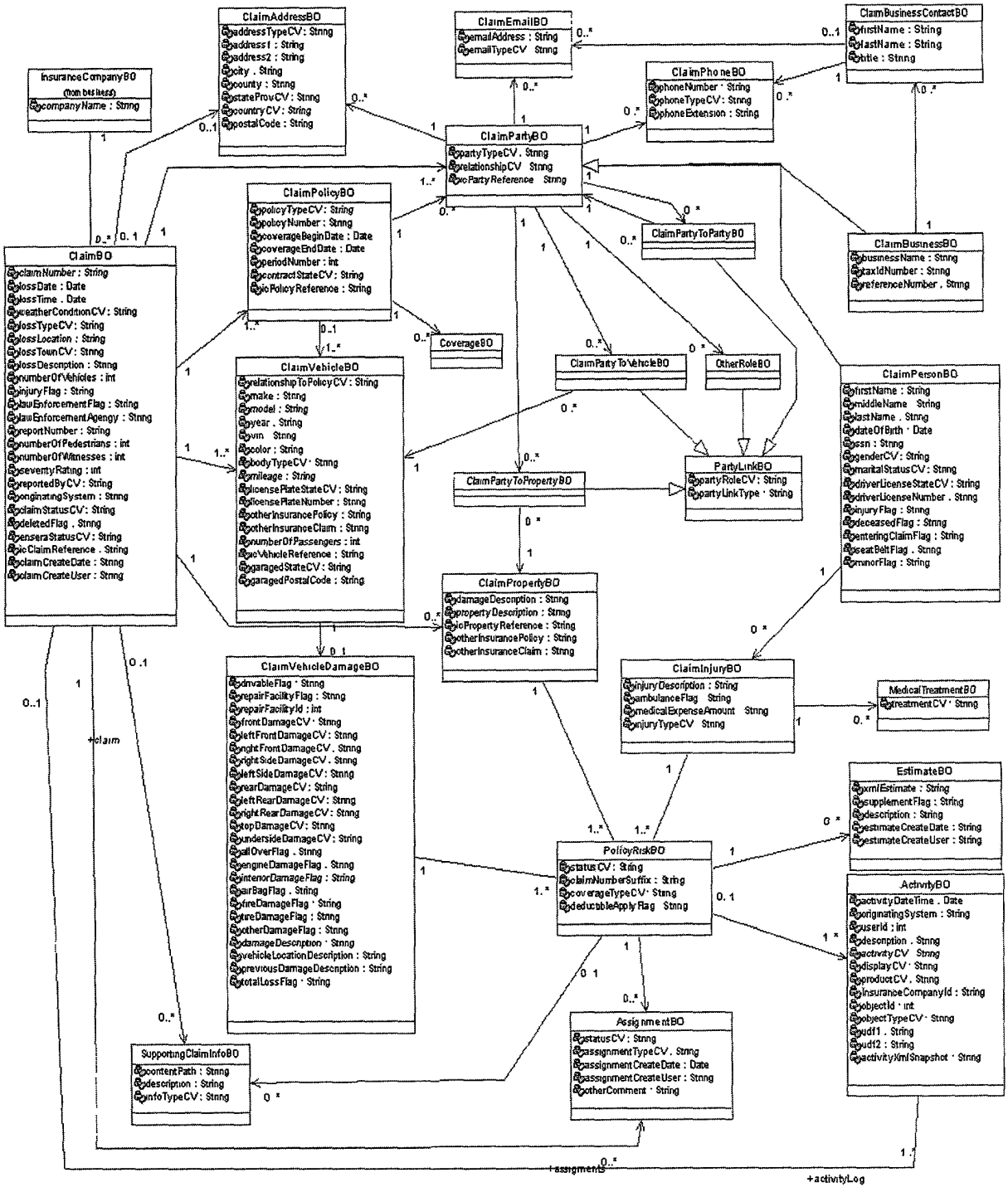

ClaimAddressBO
addressTypeCV : Strng
address1 : String
address2 : String
city . String
county : Strng
stateProvCV : Strng
countryCV : String
postalCode : String
ClaimEmailBO
emailAddress : String
emailTypeCV Strng
ClaimBusinessContactBO
firstName : String
lastName : String
title : Strng
InsuranceCompanyBO
(from business)
companyName : String
ClaimPhoneBO
phoneNumber : String
phoneTypeCV : Strng
phoneExtension : String
ClaimPartyBO
partyTypeCV . Strng
relationshipCV String
vcParty Reference Strng
ClaimPolicyBO
policyTypeCV : String
policyNumber : Strng
coverageBeginDate : Date
coverageEndDate : Date
periodNumber : int
contractStateCV : String
vcPolicyReference : String
ClaimPartyToPartyBO
ClaimBusinessBO
businessName : Strng
taxIdNumber : Strng
referenceNumber . Strng
ClaimBO
claimNumber : String
lossDate : Date
lossTime . Date
weatherConditionCV : String
lossTypeCV : String
lossLocation : String
lossTownCV : Strng
lossDescription : Strng
numberOfVehicles : int
injuryFlag : String
lawEnforcementFlag : String
lawEnforcementAgency : Strng
reportNumber : String
numberOfPedestrians : int
numberOfWitnesses : int
severityRating : int
reportedByCV : String
originatingSystem : Strng
claimStatusCV : String
deletedFlag . Strng
censeraStatusCV : String
vcClaimReference . String
claimCreateDate : Strng
claimCreateUser : Strng
CoverageBO
ClaimVehicleBO
relationshipToPolicyCV : String
make : Strng
model : String
year . String
vin Strng
color : String
bodyTypeCV : Strng
mileage : String
licensePlateStateCV : String
licensePlateNumber : Strng
otherInsurancePolicy : String
otherInsuranceClaim : Strng
numberOfPassengers : int
vcVehicleReference : String
garagedStateCV : String
garagedPostalCode : String
ClaimPartyToVehicleBO
OtherRoleBO
ClaimPersonBO
firstName : String
middleName String
lastName . Strng
dateOfBirth : Date
ssn : Strng
genderCV : String
maritalStatusCV : Strng
driverLicenseStateCV : String
driverLicenseNumber . String
injuryFlag : Strng
deceasedFlag : Strng
enteringClaimFlag : String
seatBeltFlag . String
minorFlag : String
ClaimPartyToPropertyBO
PartyLinkBO
partyRoleCV : String
partyLinkType : String
ClaimPropertyBO
damageDescription : String
property Description : String
vcPropertyReference : String
otherInsurancePolicy : String
otherInsuranceClaim : Strng
ClaimVehicleDamageBO
driveableFlag : Strng
repairFacilityFlag : Strng
repairFacilityId : int
frontDamageCV : Strng
leftFrontDamageCV : Strng
rightFrontDamageCV . Strng
rightSideDamageCV . Strng
leftSideDamageCV : Strng
rearDamageCV : String
leftRearDamageCV : String
rightRearDamageCV : Strng
topDamageCV : String
undersideDamageCV : String
rollOverFlag . String
engineDamageFlag . Strng
interiorDamageFlag : String
airBagFlag . String
fireDamageFlag : String
tireDamageFlag : Strng
otherDamageFlag : Strng
damageDescription : Strng
vehicleLocationDescription : String
previousDamageDescription : String
totalLossFlag : String
ClaimInjuryBO
injuryDescription : String
ambulanceFlag String
medicalExpenseAmount Strng
injuryTypeCV Strng
MedicalTreatmentBO
treatmentCV : Strng
EstimateBO
xmlEstimate : String
supplementFlag : String
description : String
estimateCreateDate : String
estimateCreateUser : String
PolicyRiskBO
statusCV : String
claimNumberSuffix : String
coverageTypeCV : Strng
deductibleApplyFlag Strng
ActivityBO
activityDateTime . Date
originatingSystem : String
userId : int
desonption . Strng
activityCV String
displayCV : Strng
productCV . String
insuranceCompanyId : String
objectId : int
objectTypeCV : Strng
udf1 . String
udf2 : String
activityXmlSnapshot : Strng
AssignmentBO
statusCV : Strng
assignmentTypeCV . Strng
assignmentCreateDate : Date
assignmentCreateUser : Strng
otherComment : String
SupportingClaimInfoBO
contentPath : Strng
description : String
infoTypeCV : Strng
+claim
+assignments
+activityLog

FIG. 20

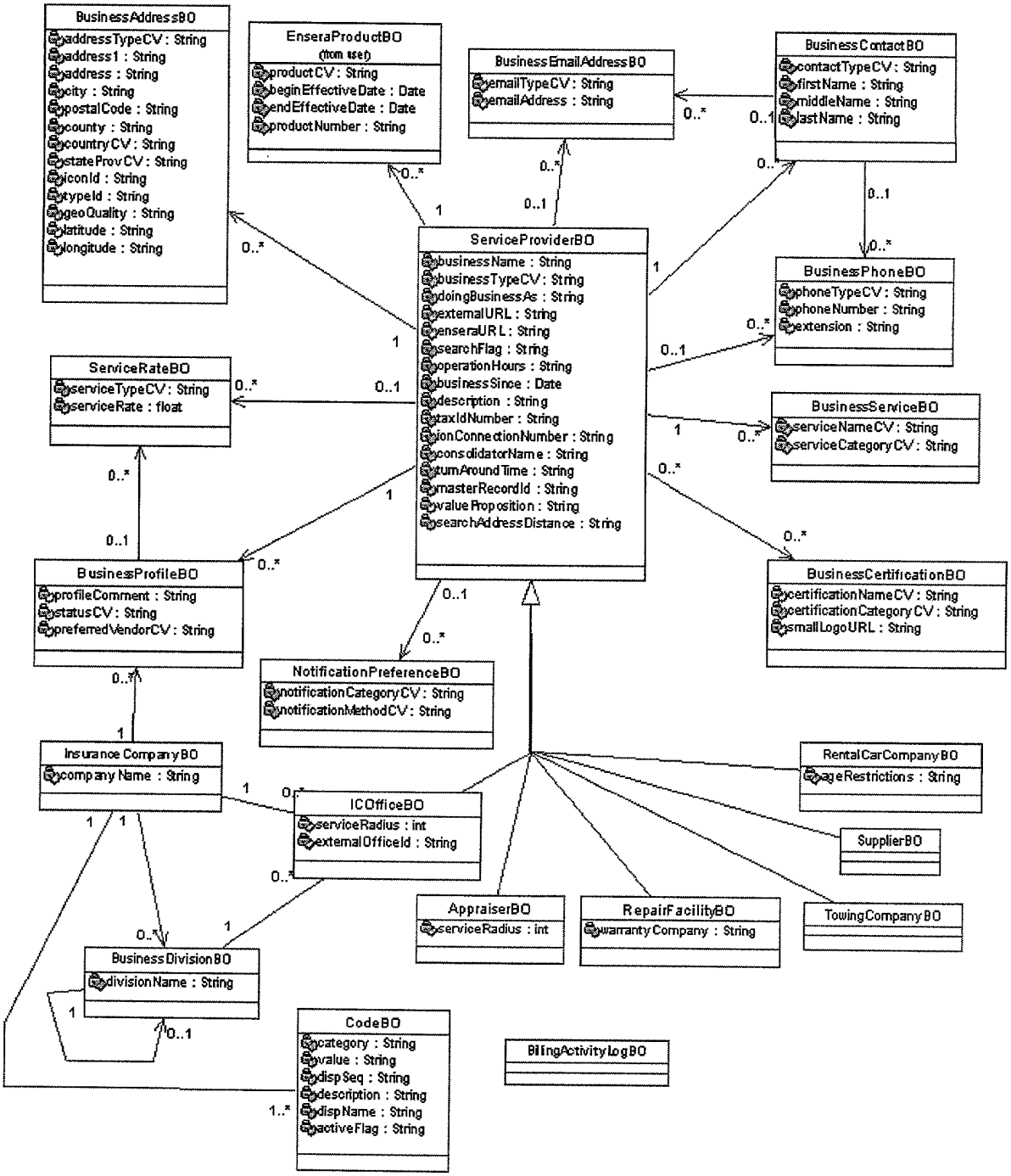

BusinessAddressBO
addressTypeCV : String
address1 : String
address : String
city : String
postalCode : String
county : String
countryCV : String
stateProvCV : String
iconId : String
typeId : String
geoQuality : String
latitude : String
longitude : String
EnseraProductBO
(from set)
productCV : String
beginEffectiveDate : Date
endEffectiveDate : Date
productNumber : String
BusinessEmailAddressBO
emailTypeCV : String
emailAddress : String
BusinessContactBO
contactTypeCV : String
firstName : String
middleName : String
lastName : String
ServiceProviderBO
businessName : String
businessTypeCV : String
doingBusinessAs : String
externalURL : String
enseraURL : String
searchFlag : String
operationHours : String
businessSince : Date
description : String
taxIdNumber : String
ionConnectionNumber : String
consolidatorName : String
turnAroundTime : String
masterRecordId : String
value Proposition : String
searchAddressDistance : String
BusinessPhoneBO
phoneTypeCV : String
phoneNumber : String
extension : String
ServiceRateBO
serviceTypeCV : String
serviceRate : float
BusinessServiceBO
serviceNameCV : String
serviceCategoryCV : String
BusinessProfileBO
profileComment : String
statusCV : String
preferredVendorCV : String
BusinessCertificationBO
certificationNameCV : String
certificationCategoryCV : String
smallLogoURL : String
NotificationPreferenceBO
notificationCategoryCV : String
notificationMethodCV : String
Insurance CompanyBO
company Name : String
ICOfficeBO
serviceRadius : int
externalOfficeId : String
RentalCarCompanyBO
ageRestrictions : String
SupplierBO
AppraiserBO
serviceRadius : int
RepairFacilityBO
warrantyCompany : String
TowingCompanyBO
BusinessDivisionBO
divisionName : String
CodeBO
category : String
value : String
dispSeq : String
description : String
dispName : String
activeFlag : String
BillingActivityLogBO

FIG. 21

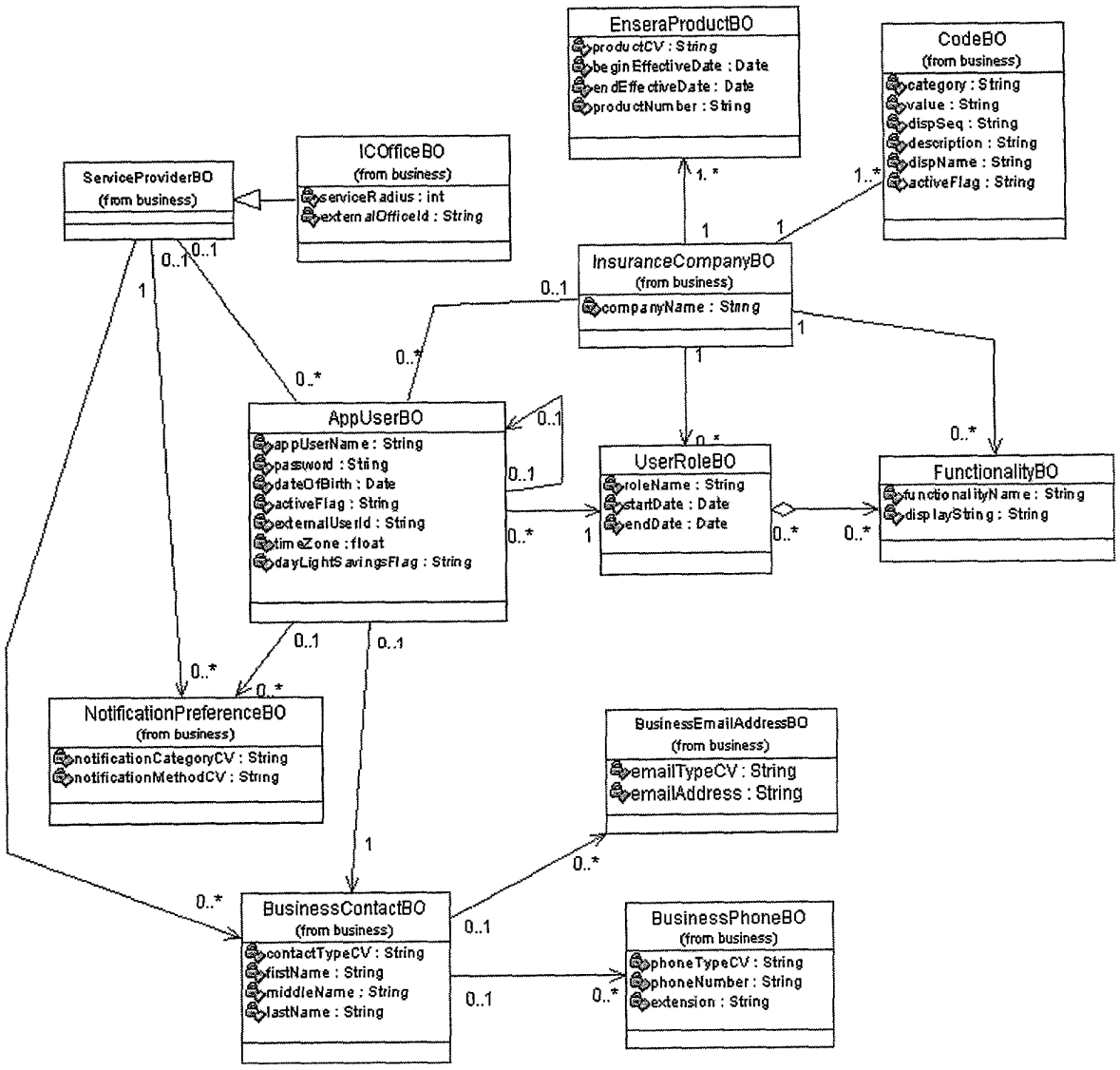

EnseraProductBO
productCV : String
beginEffectiveDate : Date
endEffectiveDate : Date
productNumber : String
CodeBO
(from business)
category : String
value : String
dispSeq : String
description : String
dispName : String
activeFlag : String
ICOfficeBO
(from business)
serviceRadius : int
externalOfficeId : String
ServiceProviderBO
(from business)
InsuranceCompanyBO
(from business)
companyName : String
AppUserBO
appUserName : String
password : String
dateOfBirth : Date
activeFlag : String
externalUserId : String
timeZone : float
dayLightSavingsFlag : String
UserRoleBO
roleName : String
startDate : Date
endDate : Date
FunctionalityBO
functionalityName : String
displayString : String
NotificationPreferenceBO
(from business)
notificationCategoryCV : String
notificationMethodCV : String
BusinessEmailAddressBO
(from business)
emailTypeCV : String
emailAddress : String
BusinessContactBO
(from business)
contactTypeCV : String
firstName : String
middleName : String
lastName : String
BusinessPhoneBO
(from business)
phoneTypeCV : String
phoneNumber : String
extension : String

FIG. 22

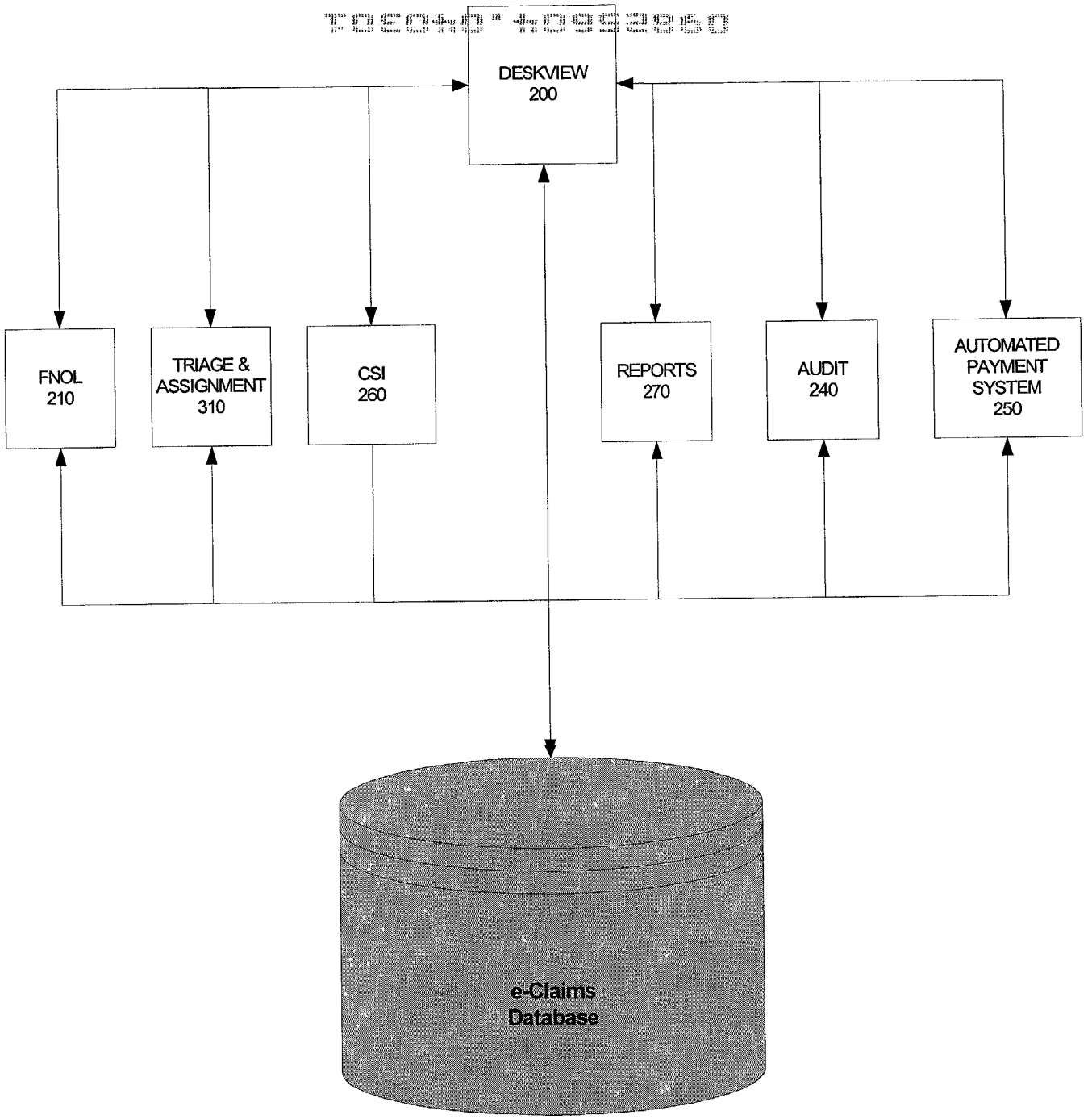

DESKVIEW
200
FNOL
210
TRIAGE &
ASSIGNMENT
310
CSI
260
REPORTS
270
AUDIT
240
AUTOMATED
PAYMENT
SYSTEM
250
e-Claims
Database

FIG. 23

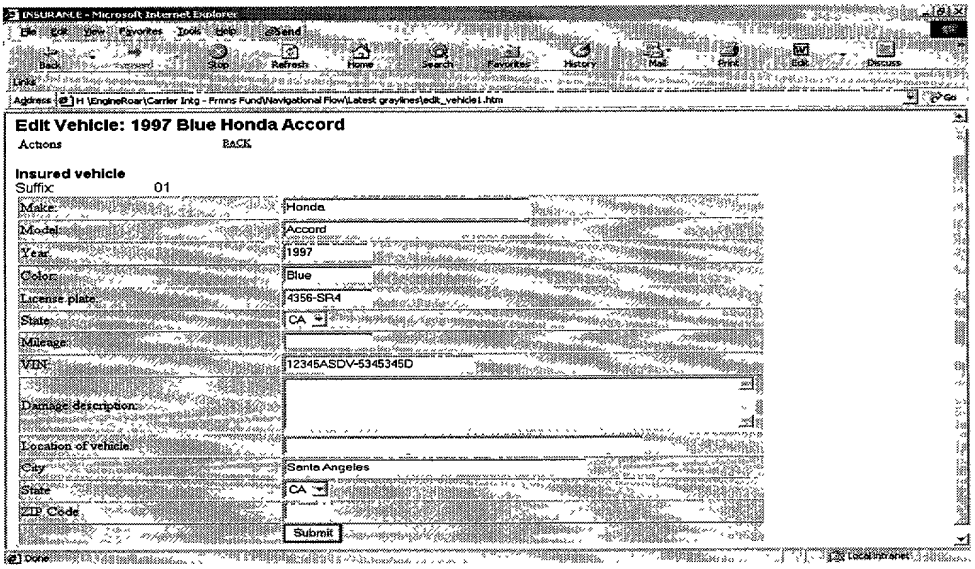


FIG. 24A

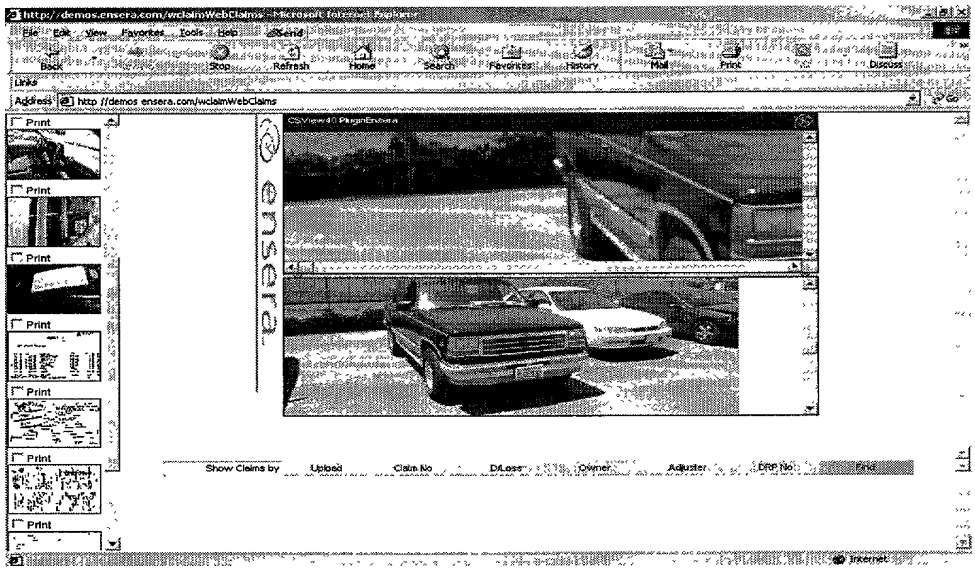


FIG. 24B

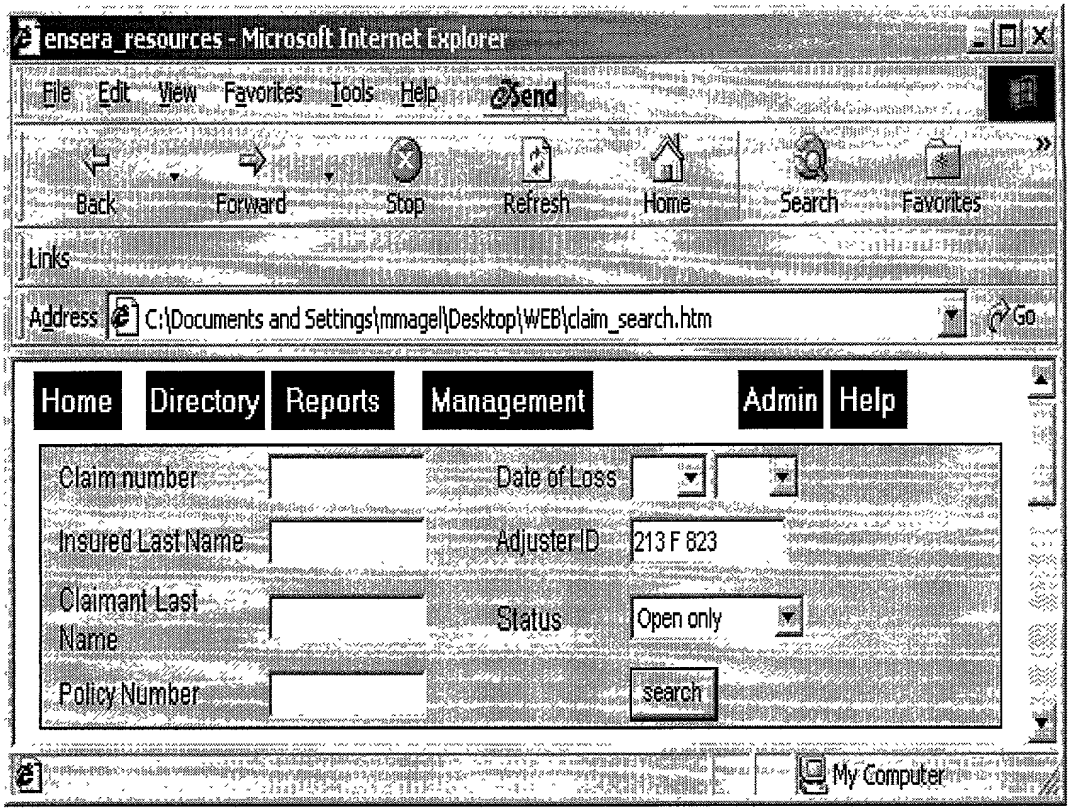

ensera_resources - Microsoft Internet Explorer
File Edit View Favorites Tools Help Send
Back Forward Stop Refresh Home Search Favorites
Links
Address C:\Documents and Settings\mmagell\Desktop\WEB\claim_search.htm
Go
Home Directory Reports Management Admin Help
Claim number
Date of Loss
Insured Last Name
Adjuster ID
213 F 823
Claimant Last Name
Status
Open only
Policy Number
search
My Computer

FIG. 25

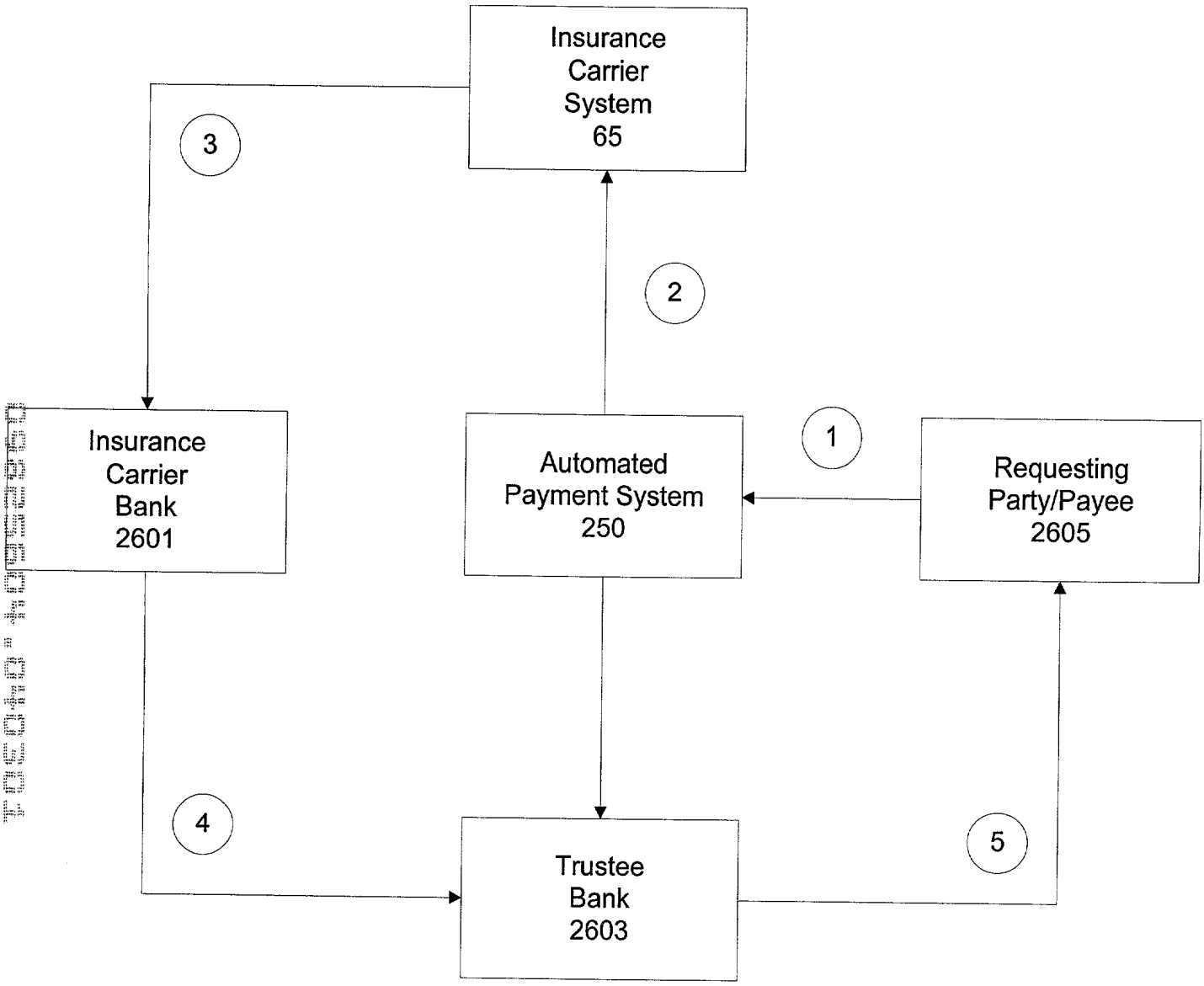

Insurance Carrier System 65
3
2
Insurance Carrier Bank 2601
Automated Payment System 250
1
Requesting Party/Payee 2605
4
Trustee Bank 2603
5

FIG. 26

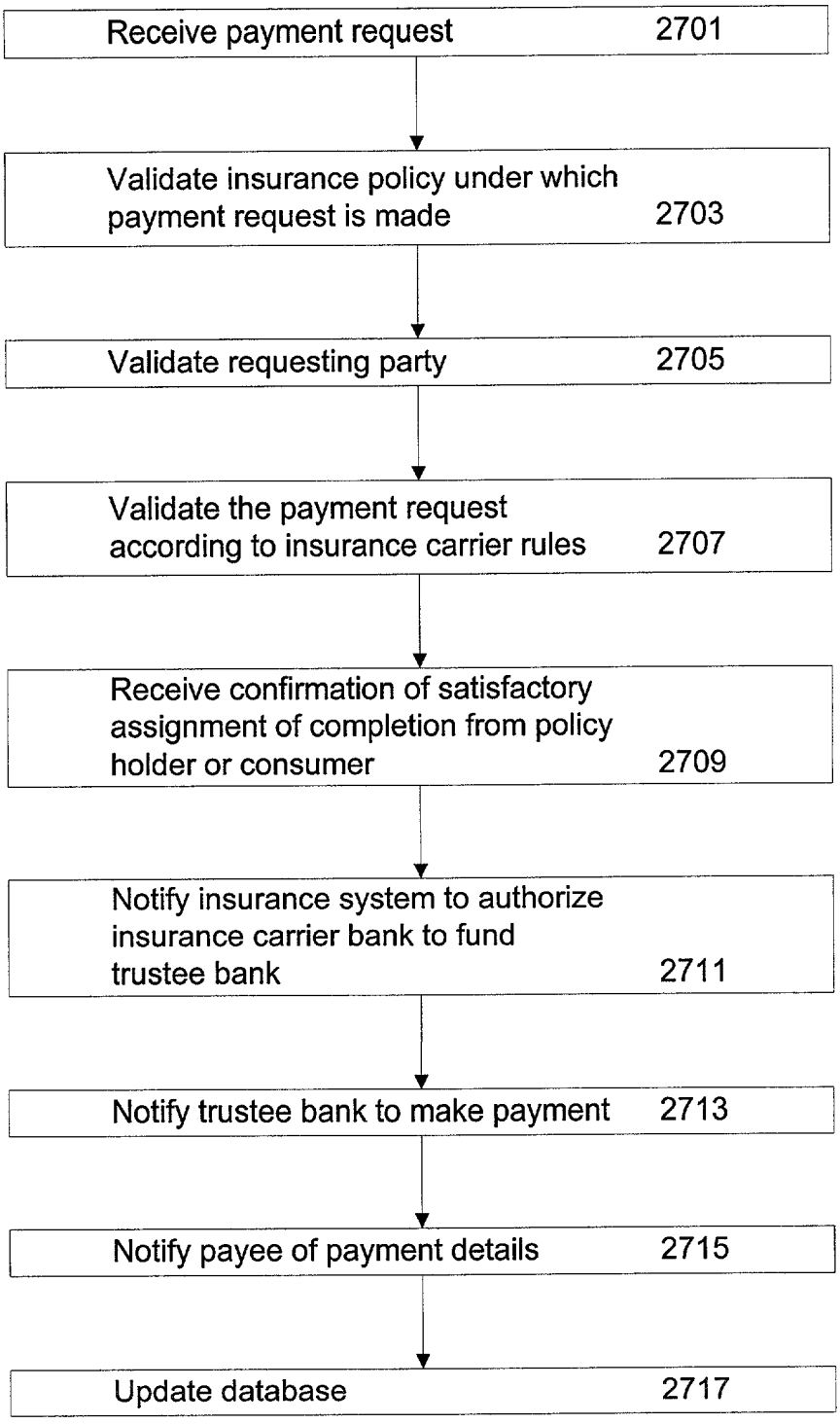

Receive payment request 2701
Validate insurance policy under which payment request is made 2703
Validate requesting party 2705
Validate the payment request according to insurance carrier rules 2707
Receive confirmation of satisfactory assignment of completion from policy holder or consumer 2709
Notify insurance system to authorize insurance carrier bank to fund trustee bank 2711
Notify trustee bank to make payment 2713
Notify payee of payment details 2715
Update database 2717
250

FIG. 27

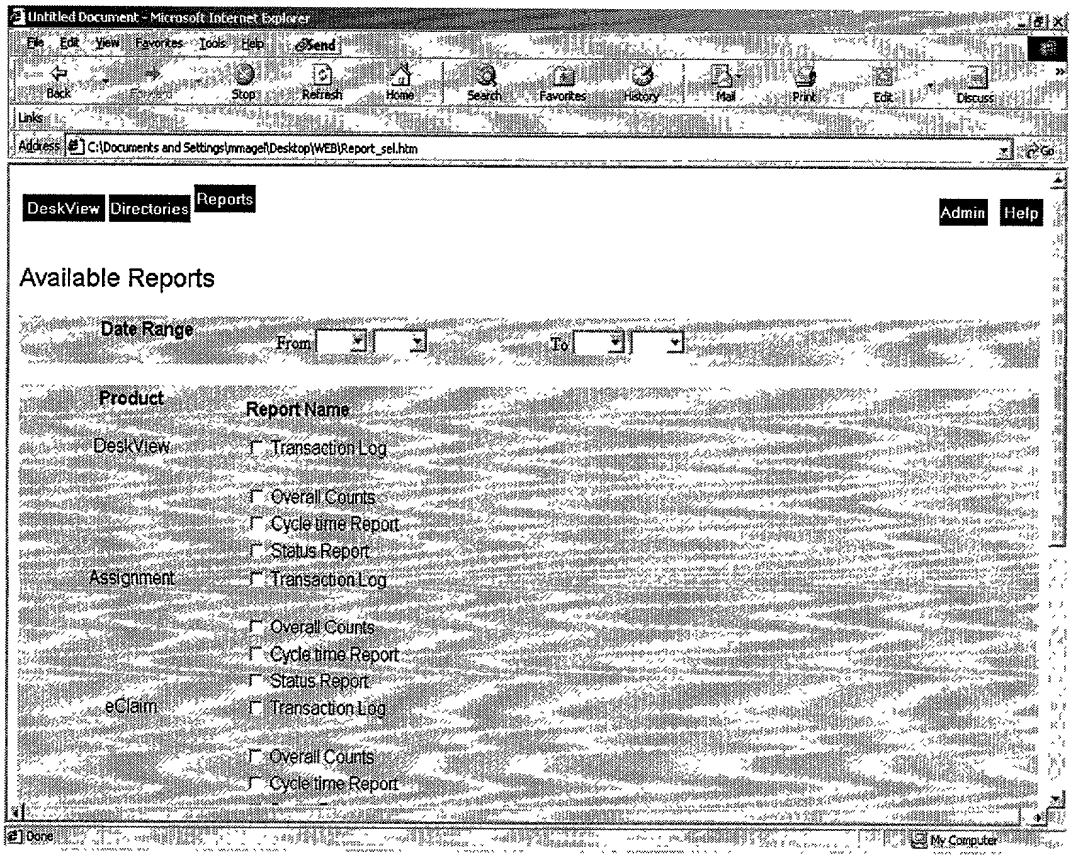
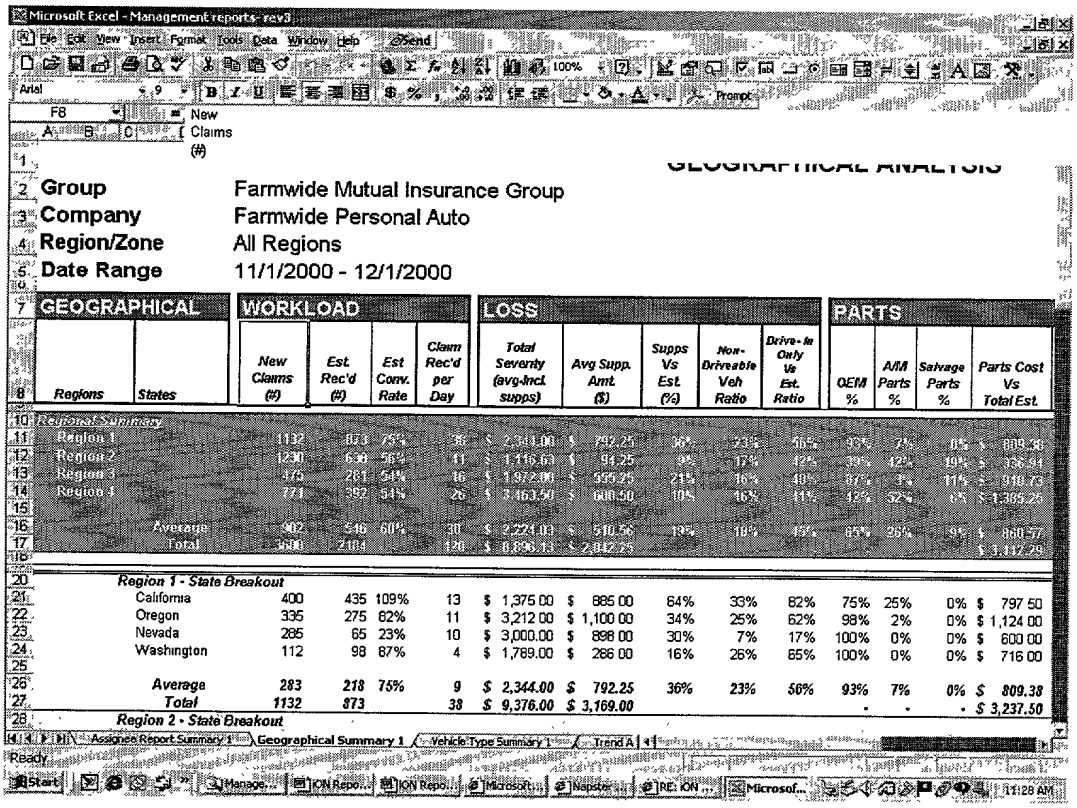

Untitled Document - Microsoft Internet Explorer
File Edit View Favorites Tools Help Send
Back Stop Refresh Home Search Favorites History Mail Print Edit Discuss
Links
Address C:\Documents and Settings\mmagel\Desktop\WEB\Report_sel.htm
DeskView Directories Reports
Admin Help
Available Reports
Date Range
From
To
Product
Report Name
DeskView
Transaction Log
Overall Counts
Cycle time Report
Status Report
Assignment
Transaction Log
Overall Counts
Cycle time Report
Status Report
eClaim
Transaction Log
Overall Counts
Cycle time Report
Done
My Computer

FIG. 28



Microsoft Excel - Management reports- rev3

Group	Farmwide Mutual Insurance Group
Company	Farmwide Personal Auto
Region/Zone	All Regions
Date Range	11/1/2000 - 12/1/2000

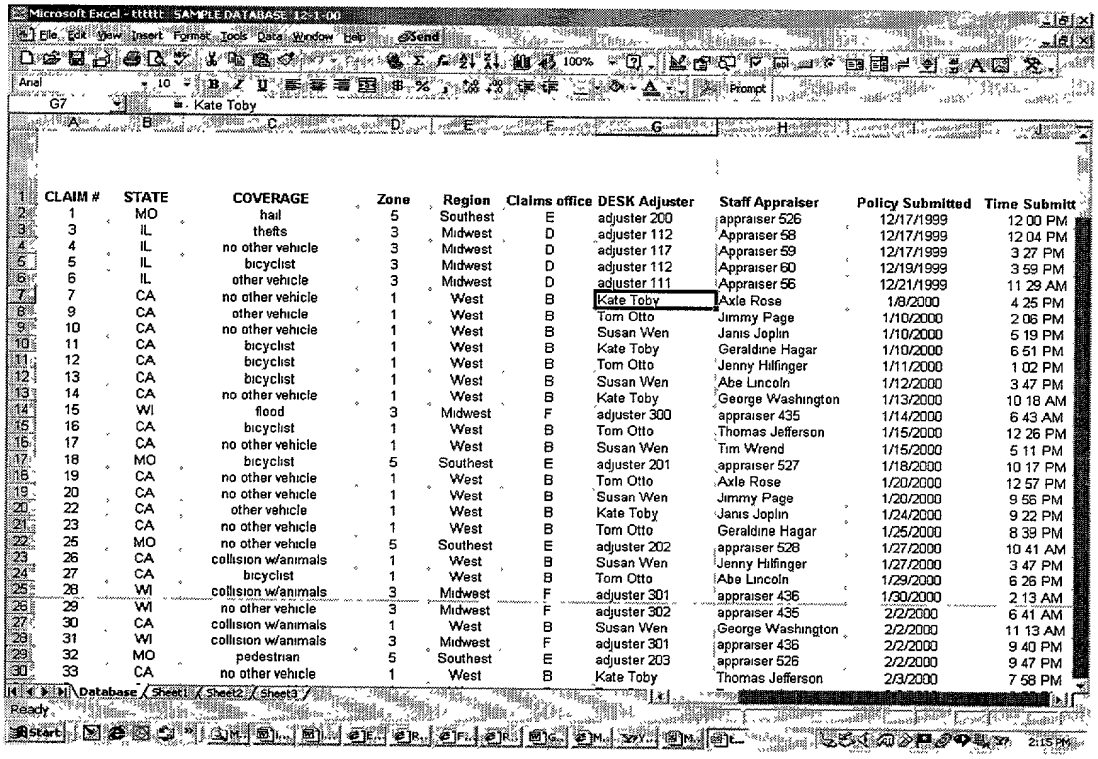
GEOGRAPHICAL ANALYSIS

GEOGRAPHICAL		WORKLOAD				LOSS					PARTS			
Regions	States	New Claims (#)	Est. Rec'd (#)	Est Conv. Rate	Claim Rec'd per Day	Total Severity (avg-Incl. supps)	Avg Supp. Amt. ($)	Supps Vs Est. (%)	Non-Driveable Veh Ratio	Drive-In Only Vs Est. Ratio	OEM %	A/M Parts %	Salvage Parts %	Parts Cost Vs Total Est.
Regional Summary														
Region 1		1132	873	75%	38	$ 2,344.00	$ 792.25	36%	23%	56%	93%	7%	0%	$ 809.38
Region 2		1230	640	56%	41	$ 1,116.67	$ 94.25	9%	17%	12%	98%	2%	0%	$ 96.94
Region 3		575	281	54%	16	$ 1,972.00	$ 399.25	21%	16%	48%	87%	3%	11%	$ 918.73
Region 4		771	362	51%	26	$ 3,163.50	$ 600.50	19%	46%	11%	12%	52%	36%	$ 1,309.26
	Average	902	539	60%	30	$ 2,224.04	$ 510.56	19%	18%	17%	65%	25%	10%	$ 868.57
	Total	3708	2156		120	$ 8,896.17	$ 2,042.25							$ 3,132.29
Region 1 - State Breakout														
	California	400	435	109%	13	$ 1,375.00	$ 885.00	64%	33%	82%	75%	25%	0%	$ 797.50
	Oregon	335	275	82%	11	$ 3,212.00	$ 1,100.00	34%	25%	62%	98%	2%	0%	$ 1,124.00
	Nevada	286	65	23%	10	$ 3,000.00	$ 898.00	30%	7%	17%	100%	0%	0%	$ 600.00
	Washington	112	98	87%	4	$ 1,769.00	$ 286.00	16%	26%	65%	100%	0%	0%	$ 716.00
	Average	283	218	75%	9	$ 2,344.00	$ 792.25	36%	23%	56%	93%	7%	0%	$ 809.38
	Total	1132	873		38	$ 9,376.00	$ 3,169.00				-	-	-	$ 3,237.50
Region 2 - State Breakout														

Assignee Report Summary 1 | Geographical Summary 1 | Vehicle Type Summary 1 | Trend A

Ready

FIG. 29



Microsoft Excel - ttttt: SAMPLE DATABASE 12-1-00

G7: Kate Toby

CLAIM #	STATE	COVERAGE	Zone	Region	Claims office	DESK Adjuster	Staff Appraiser	Policy Submitted	Time Submitt
1	MO	hail	5	Southest	E	adjuster 200	appraiser 526	12/17/1999	12 00 PM
3	IL	thefts	3	Midwest	D	adjuster 112	Appraiser 58	12/17/1999	12 04 PM
4	IL	no other vehicle	3	Midwest	D	adjuster 117	Appraiser 59	12/17/1999	3 27 PM
5	IL	bicyclist	3	Midwest	D	adjuster 112	Appraiser 60	12/19/1999	3 59 PM
6	IL	other vehicle	3	Midwest	D	adjuster 111	Appraiser 56	12/21/1999	11 29 AM
7	CA	no other vehicle	1	West	B	Kate Toby	Axle Rose	1/8/2000	4 25 PM
9	CA	other vehicle	1	West	B	Tom Otto	Jimmy Page	1/10/2000	2 06 PM
10	CA	no other vehicle	1	West	B	Susan Wen	Janis Joplin	1/10/2000	5 19 PM
11	CA	bicyclist	1	West	B	Kate Toby	Geraldine Hagar	1/10/2000	6 51 PM
12	CA	bicyclist	1	West	B	Tom Otto	Jenny Hilfinger	1/11/2000	1 02 PM
13	CA	bicyclist	1	West	B	Susan Wen	Abe Lincoln	1/12/2000	3 47 PM
14	CA	no other vehicle	1	West	B	Kate Toby	George Washington	1/13/2000	10 18 AM
15	WI	flood	3	Midwest	F	adjuster 300	appraiser 435	1/14/2000	6 43 AM
16	CA	bicyclist	1	West	B	Tom Otto	Thomas Jefferson	1/15/2000	12 26 PM
17	CA	no other vehicle	1	West	B	Susan Wen	Tim Wrend	1/15/2000	5 11 PM
18	MO	bicyclist	5	Southest	E	adjuster 201	appraiser 527	1/18/2000	10 17 PM
19	CA	no other vehicle	1	West	B	Tom Otto	Axle Rose	1/20/2000	12 57 PM
20	CA	no other vehicle	1	West	B	Susan Wen	Jimmy Page	1/20/2000	9 56 PM
22	CA	other vehicle	1	West	B	Kate Toby	Janis Joplin	1/24/2000	9 22 PM
23	CA	no other vehicle	1	West	B	Tom Otto	Geraldine Hagar	1/25/2000	8 39 PM
25	MO	no other vehicle	5	Southest	E	adjuster 202	appraiser 528	1/27/2000	10 41 AM
26	CA	collision w/animals	1	West	B	Susan Wen	Jenny Hilfinger	1/27/2000	3 47 PM
27	CA	bicyclist	1	West	B	Tom Otto	Abe Lincoln	1/29/2000	6 26 PM
28	WI	collision w/animals	3	Midwest	F	adjuster 301	appraiser 436	1/30/2000	2 13 AM
29	WI	no other vehicle	3	Midwest	F	adjuster 302	appraiser 435	2/2/2000	6 41 AM
30	CA	collision w/animals	1	West	B	Susan Wen	George Washington	2/2/2000	11 13 AM
31	WI	collision w/animals	3	Midwest	F	adjuster 301	appraiser 436	2/2/2000	9 40 PM
32	MO	pedestrian	5	Southest	E	adjuster 203	appraiser 526	2/2/2000	9 47 PM
33	CA	no other vehicle	1	West	B	Kate Toby	Thomas Jefferson	2/3/2000	7 58 PM

Database | Sheet1 | Sheet2 | Sheet3

Ready

FIG. 30